



SPONSOR/ADVERTISEMENT FORM

NAME/TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

WEBSITE/EMAIL ADDRESS:

TYPE OF ADVERTISEMENT: _____

PAYMENT BY

Cash		Amt. enclosed	
Check		Amt. enclosed	
Credit card		Card type	
Card Number			

Ordered by

Approved by

SPECIAL INSTRUCTIONS

***NOTE: Sponsor /Advertiser will provide logos, banners and camera-ready ads.**

***Please fax your Form To: Sacramento Knights FC., Fax: 916-897-9752**