

ConocoPhillips National Swimming Championships
& World Championship Trials
Family Sponsorship Submission Form

2009



FAMILY SPONSORSHIP SUBMISSION FORM

Contact Name: _____

Sponsor Name (individual, family, team, etc. Sponsor name listed will be how sponsor appears in recognition):

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Other Contact Number: (Cell, etc.): _____

Club Name (if applicable): _____

E-Mail Address: _____

Please select the 3 days you'd like to attend:

___ July 7 ___ July 8 ___ July 9 ___ July 10 ___ July 11

Please select the sizes and quantity for your 4 T-shirts.

___ Youth Large (if available) ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large

Enclose check for the Amount of \$250:

Checks should be made payable to Indiana Swimming and sent along with this form to:

*2009 Nationals & World Trials
c/o Indiana Swimming Inc.
201 S. Capitol Ave Suite 410
Indianapolis, IN 46225*

PLEASE NOTE: This form must be received by JUNE 1ST in order for name to be included on the local sponsor board.

For office use only:

Date Received: _____ Received By: _____ Amount: _____

Check #: _____