

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

2009



TEAM SPONSORSHIP SUBMISSION FORM

Contact Name: _____

Sponsor Name (business, individual, 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 : _____

E-Mail Address: _____

For what day (July 7 – 11) do you want your 15 tickets? _____

Do you wish to purchase additional tickets at two for the price of one? _____

- If so, how many? _____

(Cost is \$15 each for GA tickets good for both morning and evening sessions on same day;
maximum 30 tickets (15x2) with this offer)

Check Enclosed for the Amount of: _____
(\$250 for Team Sponsorship plus \$15 for every two additional tickets purchased)

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: Logos must be submitted to Matt Reisweg at msreiswe@iupui.edu
by JUNE 1ST in order to be included on the sponsor board and signage.**

For office use only:

Date Received: _____ Received By: _____ Amount: _____

Check #: _____