



**BREVARD HIGH SCHOOL BLUE DEVIL CLUB
Fall Athletic Program Sponsorship Form**

BUSINESS Name: _____

CONTACT NAME: _____

ADDRESS _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER _____

PLEASE CIRCLE YOUR SPONSORSHIP LEVEL

Sponsorship Package	Package Cost	AD Size	Organization Recognition- Your company will be recognized during a home game
Bronze	\$100.00	¼ page ad in BW	No
Silver	\$150.00	½ page ad in BW	No
Gold	\$200.00	½ page ad in Color	No
Platinum	\$250.00	Full Page in BW	Yes
Double Platinum	\$300.00	Full Page in Color	Yes
Diamond- Only TWO Available	\$350.00	Inside Cover Page in Color	Yes
SPECIALTY			
PLAYER HIGHLIGHT	\$25.00	Coaches can pick players to highlight in the program. Your company logo will be with the highlight.	
SPONSOR A TEAM	\$50.00 *ONLY ONE PER TEAM *PLEASE CHECK AVAILBILTY	Your company will sponsor a team page. Your logo and information will be on that team's page.	

Signature

Date

Paid: Cash ____ Check ____

Membership form and money taken by: _____

Mail Payment to Brevard High School Blue Devil Club, PO Box 1305, Brevard, NC 28712