50th ANNUAL CHARLIE WEDEMEYER

PACKAGE

SANTA CLARA COUNTY HIGH SCHOOL ALL-STAR FOOTBALL GAME

GAME DATE

Saturday, February 1, 2025 Kick-Off at 5:00 p.m. Los Gatos High School

PLAYER SPONSOR FORM

(Office Use Only)

Copy To:

(Office Use Only)

Los Gatos High School	DELIVERED:	
SPONSOR'S NAME:		
COMPANY NAME:		
CITY:	ZIP: PHONE:	
SPONSOR'S E-MAIL ADDRES	S :	
SPO	ONSOR'S STUDENT/HIGH SCHOOL PREFERENCE:	
1 st Choice – Player's Name:	School:	
2 nd Choice – Player's Name: _	School:	
NOTE: Please include your pers	onal message to All Star Player for Game Program and Websit	e (25 Words or Less)

IF LEFT BLANK, the following message will appear: "Congratulations, All-Star! Best Wishes and Good Luck!"

SPONSORSHIP FEE: \$175.00 Donation

Player Sponsor will receive the following

<u>Player Sponsor will receive the following:</u>

- 1. Two (2) Game Tickets
- 2. Two invitations to Players' Banquet

For Game Tickets or information, please visit our website at: www.santaclaraallstar.com

Please make check payable to: CAC/ALL STAR FOOTBALL GAME
Mail your check and this form to address below:
P. O. Box 20773 • San Jose CA 95160

Website: www.santaclaraallstar.com
Email: markekrail@gmail.com

100% of the proceeds go to: Coaches Against Cancer and ALS Network