

SPONSOR INFORMATION

Contact Name:					
Position/Title:					
Company Name: _					
Address: _					
City:	Ste	ate:	Zip:		
Phone: _					
Email:					
Website:					
SPONSORSHIP LEV					
	(\$2,50 Goal			J Kick Off (\$500)	
□ Half Time Spon	sorship (\$5,000) Saturday, Do	ecember 1st- Fa	mily Picnic Sponsor		
□ Tailgate Sponso	orship (\$1,500) Friday, Noven	nber 30th- Conf	erence Opening - Pr	e-Game Event	
FOR CREDIT CARD I	PURCHASE ONLY:				
Name on card:					
Credit card number	•				
Exp. Date:	MM/YY	CV	CVV Code:		
Address:					
City:		State:	Zip:		
Signature:					
	MAKE CHECKS PAYABLE TO:	ISEE Group	ISEE Group or The Faith Center		
	MAILING ADDRESS:	The Faith Center Ministries			

5555 NW 95th Avenue

iseegroupllc.com or call (954)715-1550

Sunrise FL, 33351

CONTACT INFO: