

LEDYARD HIGH SCHOOL ATHLETIC DEPARTMENT SPONSORSHIP APPLICATION



Company name:	<u> </u>	
Employee Name:		
Phone Number:		
E-mail Address:		
Desired name, wording, logo, or other information to be wording).	e placed on the banner (you can also fax or e	e-mail the logo or
Desired Area for location of banner(s):		
Total amount enclosed:Please ma	ke checks payable to: LHS ATHLETICS	
By signing this agreement, the business listed be LHS has not received payment in the full amount, the ba amount is received. Please fax (860-464-1990) or email lim Buonocore.	nner will not be displayed in the desired loc	ation until the full
Business Name (please print)	Signature of authorized individual	 Date
Please send completed application and payment to:	Ledyard High School Athletic Department 24 Gallup Hill Road	

Ledyard, CT 06339