Down Syndrome Association *of Acadiana*

Together... families dream, hope, and soar

⭐ SPONSORSHIP LEVELS ⭐

Deadline to receive sponsorship is March 22, 2022

PLATINUM SPONSOR: $2,500

As a Platinum sponsor, your company will receive two complimentary team registrations, two carts, 100 shells per person, recognition on all DSAA's social media accounts and website. Your company name/ logo will also appear on event signage. Company tents and/or banners may be set up.

GOLD SPONSOR: $1,500

As a Gold sponsor, your company will receive one complimentary team registration, one cart,100 shells per person, recognition on all DSAA's social media accounts and website. Your company name/logo will also appear on event signage. Company tents and/or banners may be set up.

SILVER SPONSOR: $1,000

As Silver sponsor, your company will receive one complimentary team registration, recognition on all DSAA's social media accounts and website. Your company name/logo will also appear on event signage. Company tents and/or banners may be set up.

BRONZE SPONSOR: $500

As a Bronze sponsor, your company will receive recognition on all DSAA's social media accounts and website. Your company name/logo will also appear on event signage. Company tents and/or banners may be set up.

STATION SPONSOR: $150

As a Station sponsor, your company name/logo will appear on a sign at a station. Your company will also receive recognition on all DSAA's social media accounts and website. Your company name/logo will appear on event signage.

Shoot
FOR THE STARS
SPORTING CLAY SHOOT

⭐ SPONSORSHIP APPLICATION ⭐

Contact Name_____

Company/Organization _____

Title _____

Address_____

City _____State _____ Zip Code _____

Phone_____

Cell Phone _____

Email _____

PAYMENT METHOD

In-Kind _____ (description) $_____

Check_____(check number:_____)

Please make checks payable to Down Syndrome Association of Acadiana. Mail check to: P.O. Box 81323, Lafayette, LA 70598.

Cash _____

Credit Card (please circle one)

Master Card   Visa   American Express   Discover Card

Card Number _____

Expiration Date _____CVV _____

Cardholder's Name_____

Mailing Address _____

Zip Code _____

Signature_____

Amount $_____

Note: Card processing fee may apply.

DSAA is a non-profit 501(c)(3) organization. Your donation is 100% tax-deductible.

P.O. Box 81323 | Lafayette, LA 70598 | (337) 234-3109 | www.dsaa.info