

Trophy Sponsorship Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Tel: _____ Fax: _____

Please provide either email or phone number, if you wish to get conformation of the sponsored category.

Return this completed form along with a check or money order made payable to **IPMS Orange County**.

Mail to:

IPMS Orange County
P.O. Box 913
Garden Grove CA 92842

Price per Trophy Package is \$ 40.00

I am pleased to sponsor _____ Trophy Packages.

Total Enclosed: \$ _____

Member to receive M.O.T.Y. credit: _____

I wish to have my sponsorship be used where needed _____

OR

I wish to sponsor my trophy packages from the following categories _____
