



WARNER CHRISTIAN ACADEMY Banner Sponsorship Order Form



Warner Christian Academy would like to promote your business at our athletic events. All proceeds from the banner sponsorship program will be used to support the athletic programs at Warner Christian Academy. We look forward to partnering with your business.

Below is a listing of the current banner size, placement and prices. Banners are displayed for one academic school year, August – June (or 12 months from date of purchase). We can use your existing artwork, or we will work with you to create a professional banner that best reflects your business. Existing artwork should be provided in one of the following high resolution formats: eps, jpeg, tif, pdf or on a disc. Artwork should be emailed to klefebvre@wcaeagles.org

**We will also have a limited number of game sponsorship opportunities available which will include highlighting game sponsors to the spectators through the stadium speakers throughout the game. Please contact Kyle Lefebvre for pricing or additional information.

Size	Location	Cost
4 ft. by 4 ft.	Inside Gym	\$250
4 ft. by 4 ft.	Outside Football or Baseball Field	\$250
4 ft. by 4 ft.	Both	\$400



Sincerely,
 Kyle Lefebvre
 Athletic Director
 1730 South Ridgewood Ave.
 South Daytona, FL 32119
klefebvre@wcaeagles.org
 (386) 767-5451 ext. 238

Please complete the registration form below:

Who contacted you for sponsorship? _____

Business Name _____ Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____ E-mail _____

Please select payment method:

- Write a Check (make payable to WCA):** Attached is my check for the amount of: \$ _____
- Call in Your Credit Card Payment:** You may pay with a credit card by calling the business office at 386-767-5451 ext. 240.
- Return Your Credit Card Payment:** You may pay with a credit card by filling out the following information.

For payment method number three, please print legibly and fill out the below information:

Visa Master Card Discover American Express

Name (as it appears on credit card): _____

Credit Card #: _____ Exp. Date: _____ CVV: _____
(mm/yy) (3 digit code)

Billing Address: _____ Zip: _____

Phone: _____ (City, State)

Please return completed form to Kyle Lefebvre in the Athletics Office.