



2024-2025 PARKVIEW BAPTIST SCHOOL BASKETBALL SPONSORSHIP FORM

CONTACT INFORMATION

Business/Company Name

Owner/Manager First & Last Name

Owner/Manager Phone Number

Preferred Contact Person – First & Last Name

Preferred Contact Person Phone Number

Preferred E-mail

Business/Company Address

City/State

Zip

Coach

Player

Parent

Other: _____

Parkview Contact Name – Sign Sold By Name

PAYMENT OPTIONS

Gym Business Sign - \$500 General Basketball Donation: _____

Check (made payable to PBS-Basketball) Credit Card Pay online

Credit Card Number (Accepted Cards – MasterCard | Visa | Discover | American Express)

Name as it appears on card

Exp. Date

Billing Zip Code

Security Code – 3 or 4 digits

SIGN ARTWORK REQUIREMENTS

48" H by 48" W, color artwork/logo – high-resolution, EPS preferred

Kindly submit by **Friday, November 1, 2024.**

Questions? Contact Kelly Phillpott, Director of Development, at 225-291-2500 ext 117 or
giving@parkviewbaptist.com

Please visit www.parkviewbaptist.com/parkviewpartners to reserve your advertising opportunity today!

Return completed form to your Parkview Baptist School contact or mail to:

Parkview Partners, 5750 Parkview Church Rd, Baton Rouge, LA 70816