



# 2024-2025 PARKVIEW BAPTIST SCHOOL VOLLEYBALL 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

Volleyball Business Sign-\$500  Home Game Sponsor-\$1,000  General Volleyball Donation: \_\_\_\_\_

Check (made payable to PBS-Volleyball)  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, August 23, 2024**

Questions? Contact Kelly Phillipott, Director of Development, at 225-291-2500 ext 117 or [giving@parkviewbaptist.com](mailto:giving@parkviewbaptist.com).

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