

**CONTRIBUTOR FORM
NORTH CAROLINA
LEVELS 6, 7, 8, 9, & 10
STATE GYMNASTICS CHAMPIONSHIPS**

**March 16-18, 2018
Greenville Convention Center**

Company _____

Contact _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Billing Contact (if different from above) _____

CHAMPION SUPPORTER \$300 (Includes full page ad in program & banner)

SUPER STAR PATRON \$200 (includes ½ page ad in program & banner)

GYMNASTICS FRIEND \$100 (includes ½ page ad in program)

MEET GIFT SPONSOR \$10 EACH How many? ____
(Includes thank you in program)

Total due: \$ _____

Print Name: _____

Authorized Signature: _____

Please return to: Rose's Gymnastics, 1802 Old Fire Tower Rd., Greenville, NC
Phone: 252-321-7264 Fax: 252-756-0167 email: rgtc@suddenlinkmail.com
Make checks payable to: "Rose's Gymnastics".