



Casino Night Sponsorship Agreement

Company/Organization Name:	
Name of Contact Person:	
Title of Contact Person:	
E-Mail Address:	
Company Address:	
City, State, Zip Code	
Contact Phone:	
Fax:	
Company/Organization Products or Services:	

Please select a sponsorship level. For package details please refer to the AzATA Casino Night Sponsorship Brochure

_____ \$200 _____ \$150 _____ \$100 _____ \$75

Amount Enclosed: \$ _____ Make check payable to: AzATA

The sponsorship program is valid for one year unless indicated differently above.

Print Name of Signor _____ Title of Signor _____

Signature _____ Date _____

SUBMIT ONLY THIS PAGE WITH YOUR SPONSORSHIP ELECTION PAYMENT TO:

Natasha Anderson
 10770 N 108th Way
 Scottsdale, Arizona 85259

RETAIN A COPY OF THIS PAGE FOR YOUR RECORDS.