



**YES! I would like to be a _____ Sponsor.
(Title/\$4000, Court/\$1500, Gold/\$500, Silver/\$250, Bronze/\$100, Friend/\$25)**

Sponsor name [print] _____

Owner/ Manager name _____

Sponsor mailing address _____

Sponsor phone # _____

Sponsor email _____

Contact person if different than above _____

Contact person phone # _____

Contact person email address _____

As Title /Court/Gold Sponsor, I would like a *free* vendor table. _____

I would like a vendor table for ____ day(s) @ \$50 per day/ \$100 for 3 days.

**Logo must be provided by sponsor in digital format to mstraub163@att.net
by Nov. 23, 2018.**

AAPA member securing sponsorship _____

Return completed form with payment made payable to AAPA to:

AAPA c/o Mary Straub

124 Lucy Lane , Athens, Ga 30606 or mstraub163@att.net

Tournament Sponsor Coordinator