



# BUILDING CHAMPIONS INSIDE & OUT

FLORIDA INDEPENDENT CHRISTIAN ATHLETIC ASSOCIATION

PO BOX 15481 TALLAHASSEE, FL 32317 | 850-583-1493

CONTACT@FICAA.ORG | WWW.FICAA.ORG

## Corporate Sponsor Application

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Contact's Email: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Company Web Address: \_\_\_\_\_

Please give a short description of your company: \_\_\_\_\_

Did you receive your sponsor application from a FICAA member school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide school name: \_\_\_\_\_

### **Sponsorship Levels (Please Check Level of Sponsorship Desired):**

- \_\_\_ Hall of Fame Sponsor \$5,000
- \_\_\_ MVP Sponsor \$2,500
- \_\_\_ All-Star Sponsor \$1,000
- \_\_\_ Elite Sponsor \$500
- \_\_\_ Premier Sponsor \$250
- \_\_\_ Event or Sport Sponsors\*
- \_\_\_ State Championship Sponsor Amount: \_\_\_\_\_
- \_\_\_ Regional Championship Sponsor Amount: \_\_\_\_\_
- \_\_\_ Pre-State Invitational Sponsor Amount: \_\_\_\_\_

Please list the event(s) or sport(s) that you are desiring to sponsor.

(If making a general sponsorship to all sports or events, please leave this space blank):

*\*Amounts, Sponsor Gifts, and Event of Sponsorship will vary depending on sport, need, and availability of funding.*

If paying by check, please make payable to FICAA and send to: PO Box 15481, Tallahassee, FL 32317.

Please email a high-resolution company logo to [sponsors@fcaa.org](mailto:sponsors@fcaa.org) for inclusion in FICAA printed materials

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## One Time Credit Card Payment Authorization Form

Account Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

Please fill out and sign this form to authorize FICAA to make a one time debit/charge to your credit card on the account listed below. In signing this form, you have given FICAA permission to charge the account you indicated for the amount you agree to above on or after the date signed. This is a one time charge only and will not provide authorization to add additional debits/charges to your account.

I, \_\_\_\_\_ authorize FICAA to charge my credit card for the amount of \$ \_\_\_\_\_.

Name of Company: \_\_\_\_\_

Is this a Company or Personal credit card? \_\_\_\_\_

Billing address on credit card statement: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only and is valid for a one time use only. I certify that I am an authorized user of this credit card account and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.

### **If you have any questions, please feel free to contact:**

Brad Dancel, President  
PO Box 15481, Tallahassee, FL 32317  
Office Phone: 850-583-1493  
Email: brad.dancel@ficaa.org

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