

New York Crossbow Coalition

Organization/Business Sponsorship Application

Sponsorship Level

Supporter () \$25

Partner () \$50

Affiliate () \$100

Additional Donation: _____

Organization/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____

Web Page: _____

Contact Person

First Name: _____ Last Name: _____

() Same as above

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____

Please make checks payable to New York Crossbow Coalition and submit to

New York Crossbow Coalition
PO Box 316
Pulaski, NY 13142
www.nycrossbowcoalition.com

Sponsor: Rev1