



8th Annual Barton Classic WIFFLE Ball Tournament

Sponsorship Form

All proceeds benefit The Barton Center for Diabetes Education, Inc., which provides educational and recreational camp programs for children with type 1 diabetes.

I would like to sponsor the following level:

___ **\$150 Triple:** ¼ page advertisement in the program book (3.5" x 5" vertical)

___ **\$250 Home Run:** ½ page advertisement in the program book (7.5" x 5" vertical)

___ **\$500 Grand Slam:** full page advertisement in the program book (7.5" x 10" vertical)

Team to Credit: _____

Please Note: Advertisements should be emailed to events@bartoncenter.org in jpeg or pdf format.



Phone: (508) 987-2056

Fax: (508) 987-2002

www.bartoncenter.org

Checks can be made payable to: The Barton Center for Diabetes Education, Inc.
P.O. Box 356, North Oxford, MA 01537-0356

Contact Name: _____

Phone: _____ Email: _____

Company Name: _____

Mailing Address: _____

___ I have included a check with the completed form.

___ Please charge my credit card listed below.

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Authorization Signature: _____

Sponsorship Deadline is May 6, 2019.