



SPONSOR RESERVATION FORM
BullsBlast 2023

Event information available at www.philanthropy-partners.com or call 813-632-5504 or 813-469-5681

Sponsor Level Requested:

Logo, _____ Game of Chance _____ Sponsors: \$4,000 (each)

Green & Gold Sponsor: _____ \$3,000 (each)

Sponsor Company Name: _____

Sponsor Representative Name: _____

Email: _____ Phone: _____

Please return this form and remit payment by check or credit card. If paying by credit card complete the section below and return the form by email to bullsblast@philanthropy-partners.com. If paying by check, make check payable to: University of South Florida Foundation, Inc., re: BullsBlast Fund# 500008 and mail to University of South Florida Athletics, 4202 E. Fowler Ave., ATH 100, Tampa, FL 33620, ATTN: Lindsay Brauer. Include a copy of this form with the check. This form will serve as your invoice.

_____ Payment by check enclosed. _____ Please charge my credit card:

Name on Credit Card _____ Phone: _____

AMEX/MC/Visa/Apple Pay# _____ Exp. _____ Sec Code _____

Cardholder email: _____ Billing address: _____

All credit card payments will be processed through the University of South Florida Foundation, Inc. who will provide tax receipts once payment is processed. The amount of payment, less the fair market value of goods and services received, may be tax deductible. Please consult your tax advisor.

Course Requested: Beginner: _____ Intermediate: _____ Advanced: _____

(NOTE: We will do our best to provide your choice but course placement not guaranteed)

1. Team Captain _____

Phone: _____ Email: _____

2. Team Member _____ Email: _____

3. Team Member _____ Email: _____

4. Team Member _____ Email: _____

Please indicate if you or your guests have any dietary restrictions: _____