

NHS Swim Team Sponsorship

Sponsor's Name _____

Address _____

Contact Person _____

Contact Person email _____

Phone # _____

Website Address _____

Level of Sponsorship _____

Please provide company logo as you wish it to appear on the website, T-shirt, and banner. Thank you for your support!

Please Mail To: NHS Swim Team
Coach Kathy Ritacco
800 East John Sims Parkway
Niceville, Florida 32578

Please Keep for you Records

**Niceville High School Swim Team
800 East John Sims Parkway
Niceville, Florida 32578**

Donated to NHS Swim Team

Amount \$ _____

Date _____

Check # _____

THANK YOU for your SUPPORT!