



WISCONSIN ATHLETIC TRAINERS' ASSOCIATION

WATA Sponsorship Agreement

Company Name / Organization:	
Name & Title of Contact Person:	
Company / Organization Address:	
City, State, Zip:	
Phone:	Fax:
E-Mail Address:	Web Address:
Products or Services:	

Please select sponsorship option to apply for (see sponsorship brochure for sponsorship details):

- Title Sponsor: \$10,000.00
- Platinum Sponsorship: \$3000.00
- Gold Sponsorship: \$1500.00
- Silver Sponsorship: \$500.00
- Bronze Sponsorship: \$250.00

Amount Enclosed: _____

Select length of agreement: 1 Year 2 Years 3 Years

The sponsorship year is from January 1 through December 31. Sponsorship payment will be due by the January 1st of the agreement year.

On behalf of the company / organization above, I hereby apply for WATA's Sponsorship Program.

Official Signature: _____

Date: _____

Name(please print): _____

Title: _____

Please make a copy of this form for your reference. Return form and any payment made out to WATA Inc to:

**Michael Moll, LAT
1440 Monroe St.
Madison, WI 53711**