

Savannah Area Darting Association

Savannah Open Sponsor Form Tournament Date September 29th, 30, – October 1st, 2017

Name of Sponsor:		
Address:		
City:	State:	Zip:
Contact Person:		
Phone/Fax #:		
:\$25 Sponsor name listed at bottom of flie		
:\$50 Sponsor name listed under dartboar	d at event	
:\$100 Sponsor name listed under dartboa	ard at event and receive a dartboa	rd
:\$200 Sponsor name listed under dartboa	ard at event, on bottom of T-Shirt a	and receive dartboard.
Please make checks payable to SADA (Sa	vannah Area Darting Associa	ation)
For additional information contact: Herman Me	etcalf 912-536-4308 or Linda Bla	nkenship 912-572-3037
Receive From:		
Amount Of:		
Received by:		

Remember all sponsorship and promotional items can be used as a tax write off, just ask for a copy of this form.





