



Support the Altamonte Sparklers Special Needs Cheerleaders



The Altamonte Sparklers are a group of more than 55 male and female cheerleaders with special needs who have been training and competing for over three years. Together the group has attended numerous community events and over 8 cheerleading competitions. They are run by the support of the City of Altamonte Springs, volunteer coaches, and generous donors. The Altamonte Sparklers are more than just a cheerleading squad; they are a group of inspirational athletes who have proven that anything is possible- if given the chance!

As our team prepares to travel to numerous cheerleading events and competitions across the state, we need YOUR help to reach our financial goal!



Become a Sponsor

Your sponsorship support will assist with the following expenses for 55 team members, 10 coaches, and chaperones:

- ★ Travel
- ★ Lodging
- ★ Meals
- ★ Team Jackets/Pants/T-shirts
- ★ And More!

In return, your organization will receive:

- ★ Name listed on Sparklers T-shirt
- ★ Certificate of recognition and appreciation
- ★ Recognition in the Life in Altamonte Springs Magazine
- ★ Recognition in the Sparklers Newsletter and City of Altamonte Springs Cityscape

Become a Sponsor before Friday, February 5, 2010

Bronze: \$50 Silver: \$100 Gold: \$200 Platinum: \$300

To become a Sponsor, please submit the form below or contact:

Sparklers Head Coach: Ranwa Nin El-khoury

Phone: 407-571-8814

Fax: 407-571-8809

Email: rrel-khoury@altamonte.org

Mail to: City of Altamonte Springs, Attn: Nin El-khoury, 225 Newburyport Avenue, Altamonte Springs FL 32701

Organization Name: _____

Name: _____

Street Address: _____

Phone: _____

City, State, Zip: _____

Email: _____



Bronze: \$50



Silver: \$100



Gold: \$200



Platinum: \$300

Please make checks payable to: City of Altamonte Springs or we accept all major credit cards.

Credit Card Information will be destroyed after processing.

Card Type: VISA MASTER CARD

Credit Card #: _____

Expiration Date: MONTH _____ YEAR _____

Name on card: _____

Billing Address: _____

Authorized Signature: _____

City/State/Zip: _____

3 Digit Security Code: _____ (On reverse side of card)