

Name:						
Address:						
City, State, Zip:						
E-mail:						
Method of Paym	ent:					
Check	Cash	Credit Card	Master	Card	⊡Visa	
Name on Card			Billing Zip Code of Card			
Credit Card #						
Expiration Date_	3-digit Security (ligit Security Code				

Please e-mail your logo to: paige.sproles@abileneisd.org. She will confirm receipt.

YES! I would like to add an event t-shirt(s).

Cost is \$10 per shirt. Please add to total and indicate your size(s).

Number of Shirts: _____

Sizes: _____

Total Additional Cost: _____

*if you are a Main Event sponsor (\$1,000) you will receive two complimentary t-shirts!

Thank you for supporting the students and teachers in AISD. Learn more at www.aaeeff.org.