

KICKOFF IN-KIND DONATION FORM

IN-KIND SPOT(S) DONATION FORM
PLEASE RETURN THIS PORTION TO KICKOFF. THANK YOU!

YES, _____ donates _____ In-kind spot(s), but not to KICKOFF
(Name of Organization/Association) (# of Spots)

YES, _____ will donate _____ In-kind spot(s) to KICKOFF.
(Name of Organization/Association) (# of Spots)

NO, _____ will not donate any In-kind spots at this time, but would
(Name of Organization/Association) Like to be contacted later: _____.
(Date we can contact you)

NO, _____ will not donate any In-kind spots.
(Name of Organization/Association)

Name of Organization:

Contact Person:

Phone:

Email:

Mailing Address:

Registration Dates (if applicable):

Comments or Questions: