



For people with intellectual  
and developmental disabilities

## **Wheelchair Basketball Sponsorship Packages**

**Raymond Skinner Center, 712 Tanglewood Street at Central**

**Saturday, March 24 from 9 a.m. – 5 p.m.**

### **Corporate Sponsor \$1,000**

Marketing Network Privileges  
A team (5 players) in the tournament  
Featured at The Arc Annual Gala  
Logo

- in our quarterly Arc Appeal newsletter
- as a event sponsor on our website
- included on our Tournament Fundraiser Banner

Corporate Sponsor \_\_\_\_\_  
Slam Dunk \_\_\_\_\_  
Full-Court Press \_\_\_\_\_  
Participating Team \_\_\_\_\_  
(registration form on the back)

Company Name \_\_\_\_\_  
Approved by \_\_\_\_\_

### **Slam Dunk \$650**

Marketing Network Privileges  
Logo in our quarterly Arc Appeal newsletter  
Named as a sponsor on our website  
Name included on our Tournament Fundraiser Banner

### **Full-Court Press \$400**

Name in our quarterly Arc Appeal newsletter  
One-year membership to The Arc Mid-South  
Named as a sponsor on our website

### **Participating Team \$200**

One team (5 players) in the tournament



The winning basketball team will receive a trophy and braggin' rights. Register today!

For more information, please contact: The Arc Mid-South, 3485 Poplar Ave., Ste. 210, Memphis  
Phone: 901.327.2473 | Fax: 901.327.1197 | [www.thearcmidsouth.org](http://www.thearcmidsouth.org)





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*Achieve with us.*

## **The Arc Annual “Hoops from the Heart” Wheelchair Basketball**

### **Become a Sponsor**

**Yes! I would like to support the Annual Wheelchair Basketball Tournament**

Corporate Sponsor - \$1,000    Slam Dunk - \$650    Full-Court Press - \$400    Participating Team - \$200

Company/Name of Individual: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Payment options:**

◆ **Payment enclosed:** Make check payable to **The Arc Mid-South, 3485 Poplar Ave., Ste.210, Memphis, TN 38111**

◆ **Bill me:** Please bill me for \$ \_\_\_\_\_   ◆ **Pay online at [www.thearcmidsouth.org](http://www.thearcmidsouth.org)**

**Visa/MasterCard: NAME (ON CARD)** \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP.DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### **I want to register my team now!**

Company & Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Email \_\_\_\_\_

Member Names (printed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ **Deadline for team registration is 3/16/18**

**For more information please contact Ruth Kirby at 901-507-8569 or [wccb@thearcmidsouth.org](mailto:wccb@thearcmidsouth.org)**