



AFFILIATE/SPONSOR REQUEST
GRIDIRON GREATS ASSISTANCE FUND

8770 W. Bryn Mawr
Suite 1300
Chicago, IL 60631

Please Fill Out Completely and Return to the Address Above OR
shannonj@gridirongreats.org

Your Name:	
Your Address:	
Your Contact Telephone Numbers	
Your Contact Email Addresses:	
Nature of Your Organization	Please state in detail <u>on Addendum A</u> what is the primary purpose and focus of your organization.
Proposed Affiliation/Sponsorship	Please state on <u>Addendum B</u> what is your proposed idea for sponsorship or affiliation with Gridiron Greats
Insurance	Please attach a copy of your liability insurance binder
Officers and Directors	Please list all officers and directors along with a phone number for each.
Contribution	Please state, what, if any, up front donation you will be making to Gridiron Greats (Gridiron Greats generally requires an up-front donation).
Financial Terms	Please indicate the financial terms of your proposed arrangement. Attach a separate exhibit if necessary.

Signed: _____

Dated: _____