

Delaware Science Olympiad



Gerald Poirier Director descienceo@gmail.com

Sponsorship Form

(Please Print all information)

Contact Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Sponsor Level: _____ Event Sponsor (\$250.00)
(Choose one) _____ Scholarship

Total Amount: _____
(Each event may have 2 to 4 students who receive the scholarship.)

Event to Sponsor: _____

If scholarship, how will it be presented? _____

Website of company: _____

Link to company logo: _____

E-mail address of contact: _____

Return this form to:

Delaware Science Olympiad
358 Mockingbird Hill Rd.
Hockessin De. 19707

**PLEASE ENCLOSE A CHECK FOR \$250.00 TO PAY FOR SPONSORSHIP
MAKE CHECKS PAYABLE TO DELAWARE SCIENCE OLYMPIAD**

Please include any artwork or company logo, or provide a link to a web site.