



UNITED TRIBES
TECHNICAL COLLEGE

UTTC LEGENDS Softball Tournament

3315 University Drive
Bismarck, North Dakota 58504
701.255.3285 | www.uttc.edu

Sponsorship Form

FOR OFFICE USE ONLY:	
Payment Received Date:	
Log in Personnel:	



Your Name/Business: _____
 Contact Name: _____
 Address: _____
 Phone Number: _____ Email: _____

Financial Sponsorship Amount (Circle or Check Choice)

\$250 \$500 \$750 \$1000 \$2500 Other _____

Check Payment: Please make checks out to **UTTC LEGENDS Softball Tournament**

Credit Card Payment: Please fill out the **Credit Card Authorization** Form below

I acknowledge that I am committing to provide a financial donation towards UTTC LEGENDS Softball Tournament. Any mailed donations on behalf of the UTTC LEGENDS Softball Tournament must be received no later than, **August 12, 2016**.

Please remit form to:

Leah Hamann
United Tribes Technical College
Teacher Education Dept.
3315 University Drive
Bismarck, ND 58504
Phone: (701) 221-1380
Email: lhamann@uttc.edu

Name (printed)

Signature

Date

CARD HOLDER INFORMATION

Card Holder Name (as it appears on the credit card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

PAYMENT AUTHORIZATION

Card Type: Visa MasterCard Discover American Express Amount to Charge: _____

Card Number: _____ Expiry Date (mm/yyyy): _____

CVV2 Code (3 digit number on back of Visa/MC, 4 digits on front of American Express): _____

I authorize UNITED TRIBES TECHNICAL COLLEGE to process a one-time charge against my credit card for the amount indicated above for donation to the UTTC LEGENDS Softball Tournament. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature

Date