



## **SPONSORSHIP REQUEST FORM**

Date: \_\_\_\_\_

Requesting Agency/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Date Payment is Needed: \_\_\_\_\_

Tell us about your program or sponsorship request. *(Please attach any pertinent program information, flyers, etc.):*

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### **Mail or Email to:**

#### **Fry Orthodontics**

Attn: Sponsorship Coordinator

11880 College Blvd., Ste. 201

Overland Park, KS 66210

Phone: 913-298-2734

sponsorships@fryorthodontics.com

Fry Orthodontics USE ONLY

Category: \_\_\_\_\_

Location(s): \_\_\_\_\_