



Montclair High School Lacrosse Booster Club 2019 Sponsorship Payment Form

Date: _____

Business/Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

-
- Brave Heart Package: \$500
 - Man Up Package: \$300
 - Face Off Package: \$250/\$150/\$75/\$40
 - Donation: \$ _____

Form of Payment:

Check #: _____ (Payable to MHS Lacrosse Booster Club)

Cash: \$ _____

Contact and Payment

Patty Murphy pattykmurphy@verizon.net

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Montclair, NJ 07043
973.432.0550