

**SPONSORSHIP
EXPRESSION OF INTEREST**

|  |  |
| --- | --- |
| **SPONSORS NAME** |  |
| **CONTACT PERSON** |  |
| **CONTACT NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **LEVEL OF SPONSORSHIP** |  |

Please return completed Expression of Interest form to:

Highfields & District Junior Rugby League Club
P O Box 313
Highfields Qld 4352

Thank you for supporting the Highfields & District Junior Rugby League Club