

## TEAM RESERVATION FORM

If you intend to partner with one or more companies, please provide contact information for each of your partners. You can duplicate this RSVP form for this purpose.

**TEAM NAME:** \_\_\_\_\_

*(Please include all partner names as they wish to be listed in promotional materials.)*

**COMPANY NAME:** \_\_\_\_\_

Contact(s): \_\_\_\_\_

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

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

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

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

**PARTNER COMPANIES (IF APPLICABLE):** \_\_\_\_\_

Partner Team Captain: \_\_\_\_\_

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

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

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

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

### CREDIT CARD PAYMENT OPTION

Name/Company on Card: \_\_\_\_\_

Visa/MC/AMEX Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Amount (minimum due \$500.00):** \_\_\_\_\_

Leap also accepts Visa, MasterCard and American Express payments online at [www.leap4kids.org](http://www.leap4kids.org).

### CHECKS:

PLEASE MAKE CHECKS PAYABLE TO: **LEAP...IMAGINATION IN LEARNING**

Deposit Payment Deadline: **July 9, 2010**

Please mail form and payment to:

**Kim Teevan**

**Teevan Productions**

**1557 15th Avenue, San Francisco, CA 94122**

**Phone: 415.731.5539 Fax: 415.731.6794**

**Email: [kteevan@pacbell.net](mailto:kteevan@pacbell.net)**

*More information on Leap's Sandcastle Contest can be found at [www.leap4kids.org](http://www.leap4kids.org)*

