



MARKETING ASSISTANCE FORM



CENTER NAME _____ LANE BEDS _____

CENTER REP FOR THESE PROGRAMS _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CENTER PHONE _____ REP CELL _____

CENTER WEBSITE _____

LEAGUE START DATE _____ LEAGUE END DATE _____

LEAGUE START TIME _____ LEAGUE END TIME _____

TYPE OF AUTOSCORE MONITORS _____

FOR OFFICE USE ONLY

MONITOR ADS _____

EMAIL DATES 1) _____ 2) _____ 3) _____ 4) _____

REFERRAL TOOL _____ BY _____