

TEAM SPONSORSHIP

(Duplicate this form as necessary to list all teams sponsored for this season only)

Name of League or Association: _____

Age: U- _____ Gender: _____ Team Name: _____
Reg. Fee N _____ R _____ Coach's Name: _____ Phone: _____
Early Pass: _____ Address: _____
Fines: _____ City, State, Zip: _____
Local (AR) Referee Assignor: _____ Email: _____

Age: U- _____ Gender: _____ Team Name: _____
Reg. Fee N _____ R _____ Coach's Name: _____ Phone: _____
Early Pass: _____ Address: _____
Fines: _____ City, State, Zip: _____
Local (AR) Referee Assignor: _____ Email: _____

Age: U- _____ Gender: _____ Team Name: _____
Reg. Fee N _____ R _____ Coach's Name: _____ Phone: _____
Early Pass: _____ Address: _____
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Local (AR) Referee Assignor: _____ Email: _____

Age: U- _____ Gender: _____ Team Name: _____
Reg. Fee N _____ R _____ Coach's Name: _____ Phone: _____
Early Pass: _____ Address: _____
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Local (AR) Referee Assignor: _____ Email: _____