



REP DIVISION SPONSOR FORM



DATE:	TEAM NO:	AGE GROUP:
COACH:	MANAGER:	
SPONSOR NAME (in full):		
ADDRESS:		
PHONE:	FAX/EMAIL:	
CONTACT:		
AMOUNT:	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CASH
Sponsor money to be used for: <input type="checkbox"/> Rep Red/Black Uniform <input type="checkbox"/> White Uniform <input type="checkbox"/> Track Suits <input type="checkbox"/> Bag <input type="checkbox"/> Other (please specify) _____ _____	Artwork Provided: <input type="checkbox"/> Business Card <input type="checkbox"/> Copy/Stat <input type="checkbox"/> Disk <input type="checkbox"/> To Follow	
Sponsor receipt to be issued to: Contact: _____ Company Name: _____ Address: _____ _____ _____ <input type="checkbox"/> Mailed <input type="checkbox"/> To Team	Sponsor Credit: Player: _____ Parent/Guardian: _____ Sponsor Amount: _____ Registration Credit: _____ <input type="checkbox"/> Outdoor Season <input type="checkbox"/> Indoor Season	