

Cathedral Sports

Youth Athletics Team Sponsorship Request Form

Contact: First Name: _____ Last Name _____
 Business or Organization Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

SPONSORSHIP IS \$300 PER TEAM.

**Includes 1 scholarship per team sponsored.*

SPONSOR 4 TEAMS FOR ONLY \$1000.

**Includes 4 scholarships.*

| <i>Spring Soccer</i> | <i>Fall Soccer</i> | <i>Winter Basketball</i> |
|----------------------|--------------------|--------------------------|
| U6 | U6 | U6 |
| U8 | U8 | U8 |
| U10 | U10 | U10 |
| U13 | U13 | U13 |

| SEASON | SPORT | AGE GROUP |
|----------|-------|-----------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

**Please remember team sponsorships are subject to availability*

PLEASE SELECT 3 JERSEY COLORS IN ORDER OF PREFERENCE. (Red, Green, Blue)

**Please be aware sometimes we cannot accommodate every sponsor's color preference and/or color combination.*

We reserve the right to adjust as needed

1. _____
 2. _____
 3. _____

If you would like a logo on the jersey, it will need to be sent to us electronically.

Please be aware we may not be able to accommodate some logos

Please include your payment with sponsorship form.

 Signature

 Date

FOR OFFICE USE ONLY:

Payment method: Visa/MC__Cash__Check__ Amount Paid\$_____ Receipt #_____

Received by:_____