

SPECTATORS APPLICATION FOR TEAM SPONSORSHIPS

Date of Application: _____

Name of Team: _____

Sport: _____ Division, if applicable: _____

Age Group: _____

Circle One: Male Female Coed

Coaches Name, Address, Telephone # and E-Mail: _____

Home field or Court Location: _____

Describe in 75 words or less why Spectators will benefit from sponsoring your team:

Estimated Total Cost to Spectators for one season (half year) sponsorship: \$ _____

Name, Address, telephone # and E-Mail address of person submitting this form:

If your team is selected, checks should be made to:

Name of Organization: _____

After filling out this application deliver it to Spectators. In order for your team to be considered, please give your application directly to a member of management.

