

TEAM SPONSOR FORM

Date: _____

Sponsor: _____

Name on plaque and sign: _____

Mailing address: (NO PO BOX) _____

Phone number: _____

Phone number on sign: Y or N

Team Name: _____

Team Division: MM FR SO JR SR

Head Coach: _____

Amount paid: \$ _____

(Make all checks payable to EMCSA)

Receipt and Tax I.D. Certificate will be mailed to sponsors address

FULL TEAM SPONSOR

\$350.00

FIELD SIGN / 8X10 PLAQUE

HALF TEAM SPONSOR

\$175.00

FIELD SIGN / 5X7 PLAQUE

(FOR BOARD USE ONLY)



TEAM PLAQUE: 5X7 8X10 NO PLAQUE
AMOUNT REIMBURSED \$ _____



I CERTIFY THAT ALL INFORMATION IS ACCURATELY SPELLED, I ALSO UNDERSTAND THAT ALL SPONSOR INFORMATION WILL APPEAR ON PLAQUES AND FIELD SIGNS EXACTLY AS IT IS WRITTEN ON THIS FORM

HEAD COACH SIGNATURE

BOARD MEMBER SIGNATURE