



2024-2025 ADULT BASKETBALL TEAM SPONSORSHIP INFORMATION

Team/Sponsor Name: _____

Manager's Name: _____

Manager's Address: _____

Manager's Phone: (h) _____ **(w)** _____ **(c)** _____

Email: _____

Did your team play in our program last year? **Yes** **No**

If yes: **Men's** **Women's**

Night played: _____

If a different sponsor than last year, please list your new sponsor.

What days are you interested in playing? Please list a first, second and third choice. Brand new teams will also need to provide 3 options, as your first choice may not be available.

1.) _____ **2.)** _____ **3.)** _____

Sponsor Fee: \$170

For office use only. Please do not write below this space.

| Sponsor Fee Paid \$ | Date Paid | Check | Cash | Credit Card |
|---------------------|-----------|-------|------|-------------|
| | | | | |

Staff Initials: