



2019-20 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 and second choice. Please list a third choice if you are registering October 2 or later. **Brand new teams will also need to provide 3 options,** as your first choice may not be available.

1.) _____ 2.) _____ 3.) _____
(if October 3 or later; new teams)

Sponsor Fee: \$170 if received between September 17 and October 1
\$190 if received October 2 or later

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

Sponsor Fee Paid \$	Date Paid	Check	Cash	Credit Card

Staff Initials: