

2023-2024 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 6 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 6 or later; new teams)

Sponsor Fee: \$170 if received by September 29
\$190 if received after September 30

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

Sponsor Fee Paid \$	Date Paid	Check	Cash	Credit Card

Staff Initials: