



Youth athletics sponsorship form

Sponsor: _____ Contact Name: _____

Daytime Phone: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Company Website: _____

Logo Name (Please include vector based logo for best results):

Shirt color: _____ Screen Color: _____

Is there a child/coach whose team you would like to sponsor? Yes no

If yes, child's/coach's name: _____

Is there a specific sport you would like to sponsor? If yes, please circle:

Soccer: Spring/Fall T-ball/baseball/Softball Flag Football Volleyball Basketball

Please circle an option:

Donation Only: Thank you for your support! \$_____

Option 1: One team in one sport season \$150

Option 2: One team in three sport seasons \$425

Option 3: One Team in six sport seasons \$825

Option 4: Sponsor a facet of a sport season Please call

Payment Method: Visa/Mastercard/Discover#: _____

Expiration: _____ Check: _____ Cash: _____

Sponsor Signature: _____ Title: _____

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Covington, WA 98042
Phone: 253-335-4069
E-mail: jeff@covingtonsports.org

www.covingtonsports.org
Receipt Amount: _____
Date: _____
CCS Signature: _____