



SPONSORSHIP FORM FOR ADULT SPORTS

COMPANY/ORGANIZATION INFORMATION:

Name of Sponsor: _____

Contact Person: _____

Contact Signature: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Business E-mail: _____

TEAM INFORMATION:

League/Sport: _____

Team Rep: _____ Phone: _____

_____ agrees to sponsor _____ for the amount of \$_____.

(Company Name)

(Team Name)

PAYMENT INFORMATION (Please check appropriate box):

Please confirm sponsorship by the end of the early registration period. Payment is due 10 days prior to the start of the season. Please send payment with this form or mail this form with the appropriate box checked below:

Payment included, check or money order, made payable to **City Treasurer.**

Will pay over the phone with a credit/debit card.

Confirmation only, payment will be made at least 10 days prior to the start of the season

PLEASE RETURN THIS FORM VIA MAIL OR E-MAIL:

Kiwanis Community House

4603 Lions Park Drive

Cheyenne, Wyoming 82001

Phone: (307) 637-6423, Email: kchfrontcounter@cheyennecity.org