

ADULT SPORTS SPONSORSHIP FORM

COMPANY/ORGANIZATION INFORMATION:

Name of Sponsor:		
Contact Person:		
Contact Signature:		
Address:	City:	_State:Zip Code:
Phone:	Business E-mail:	
TEAM INFORMATIO	DN:	
League/Sport:		
Team Rep:	Phone:	
	agrees to sponsor	for the amount of \$
(Company Name)	(Team Name)	
PAYMENT INFORMA	ATION (Please check appropriat	<u>e box.):</u>
Payment include	d, check or money order, made pay	able to the <i>City Treasurer</i> .
Will pay over the phone with a credit/debit card. (service fee is applied)		
Commitment of s	sponsorship.	
	m the sponsor needs to be atta or an email from the sponsor st	
-	onsorship by the end of the early ior to the start of the season.	registration period. Payment

- Mail form to Kiwanis Community House (KCH) at 4603 Lions Park Drive, Cheyenne,
 WY 82001, or email to rectracadmins@cheyennecity.org.
- Payment can be made by calling (307) 637-6423 (email form to KCH), mailing a check or money order with form to KCH, or the Team Representative can deliver the form to KCH with payment.