



24/25 Sponsor Form

Please complete this form and submit with your donation check made payable to Sporting California, Inc.

<input type="checkbox"/> TEAM SPONSOR
<input type="checkbox"/> PLAYER SPONSOR

Please check if this is a Team or Player Sponsorship

Player/Name: _____

Team Age/Region: _____

Coach: _____

Amount Donated: \$_____ Ck#: _____

Name & Address of Company or Organization:

Contact Person: _____

Phone#: _____ Email: _____

Mail this form and Check to:

Sporting California, Inc. Attn: Kelly Henry 350 S. Milliken Ave. Ste: J Ontario, CA 91761
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An acknowledgment letter with our EIN number will be sent as receipt for contributing to our club. If you have any questions or need assistance, please contact our office

Sporting California, Inc. thanks you for your support.