



## 25/26 SPONSOR FORM

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

**Please Check One**

TEAM SPONSOR

Date: \_\_\_\_\_

PLAYER SPONSOR

Player Name: \_\_\_\_\_

Team (Age/Region): \_\_\_\_\_

Coach: \_\_\_\_\_

Amount Donated: \_\_\_\_\_ Check # \_\_\_\_\_

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Name & Address of Company or Organization/Sponsor:

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sponsor Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Mail this Form and Check to:**

Sporting California, Inc.  
Attn: Kelly Henry  
350 S. Milliken Ave. Ste: J  
Ontario, CA 91761

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 at [khenry@sportingca.us](mailto:khenry@sportingca.us)

Sporting California, Inc. thanks you for your support