



23/24 Sponsor Form

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

Player Name: _____

Coach: _____

Team Age: _____

Amount Donated: \$ _____ Ck#: _____

Name & Address of Company or Organization:

Contact Person: _____

Phone#: _____

Email: _____

Mail this form and your donation to:

Sporting California, Inc.
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 (951) 285-6666 Monday – Thursday (9am-2pm).

Sporting California, Inc. thanks you for your support.