



## **JACKSON FUTBOL CLUB -TEAM SPONSORSHIP FORM**

Child's Name: \_\_\_\_\_

Age Bracket of Child (eg. U10): \_\_\_\_\_

### **SPONSOR INFORMATION:**

Sponsor's Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

\_\_\_\_\_

Sponsor's Telephone Number: \_\_\_\_\_

Sponsor's E-mail: \_\_\_\_\_

Sponsor's Contact Person: \_\_\_\_\_

Name to be put on jersey: \_\_\_\_\_

\_\_\_\_\_

Amount Enclosed (\$250 for U8 and below, \$350 for U10 and above): \_\_\_\_\_

Please send your sponsorship check payable to Jackson Futbol Club with this form to:

Jackson Futbol Club  
Attn: Team Sponsorship  
P.O. Box 12783  
Jackson, MS 39236-2783

**THANK YOU FOR YOUR SUPPORT!**