

2018-2019 SPONSORSHIP FORM

Sponsor Name:		
Company Name):	
Contact Name:_		
Address:		
		Phone:
Email:		
		ount enclosed:\$
Signature:		Date:
Please mai	this form an	d your tax deductible donation to:
818		iors Volleyball Club ne Drive Waco, TX 76657
Waco Junior	s Volleyball (Club Tax ID Number: #61-1458681
Spor Nar		enefit Waco Juniors Player