

Team Sponsorship Form

I would like to sponso	or the following team:		
Team Name:		_	<u>—</u>
Coach Name:			
Age Group: _	Boys:	Girls:	<u></u>
Please indicate to wh	om Roseville Youth So	ccer Club should ma	il proceeds:
Name:			
Address:			
City, State, Zi	p:		
Official Name of Spor	nsor		
Sponsor mail	ing address:		
	their check, payable to	o Roseville Soccer Cl	ub along with a copy this completed
	Roseville Soco	er Club	
	Attn: Treasur 5098 FOOTHI ROSEVILLE CA	LLS BLVD STE 3-257	

Our Tax ID Number is 68-0012871. Should you have any questions, please email the Treasurer at treasurer@rosevillesoccer.com.