



Mississippi Futbol Club



TEAM SPONSORSHIP FORM

SPONSOR INFORMATION:

Sponsor's Name: _____

Sponsor's Address: _____

Sponsor's Contact Person: _____

Sponsor's Telephone Number: _____

Sponsor's E-mail Address: _____

Business Name to be placed on jersey: _____

Amount Enclosed (\$350 per team): _____

Please send this form along with sponsorship check, payable to Mississippi Futbol Club, to:

Mississippi Futbol Club
Attn: Team Sponsorship
Post Office Box 767
Madison, MS 39130

THANK YOU FOR YOUR SUPPORT!

(Office Information Only)

Team Number for team being sponsored: _____

Name of Coach for team being sponsored: _____

Team Division (e.g. U8 Girls): _____