



**2010-2011 Season
Player Sponsorship Agreement**

Name of Player _____ Date _____

Shadow Team _____

Sponsor Name (as it should appear on Shadow website)

Mailing Address _____

Phone _____ Email _____

Company Web Address _____

_____ **YES, I will become a Spokane Shadow player sponsor!**

\$ _____ **Donation Amount**
(make checks payable to *Spokane Shadow*)

Please return this form to:

**Spokane Shadow Youth Soccer Club
P.O. Box 6521, Spokane, WA 99217**