



**2009-2010 Season
Player Sponsorship Agreement**

Name of Player: _____ Date: _____

Shadow Team: _____

Business or Individual Name: (as it should appear on Shadow website)

Contact Name:

Mailing Address:

Phone:

FAX:

Email:

Company Web Address:

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

\$_____ **Donation Amount** (please make checks payable
to the *Spokane Shadow Youth Soccer Club.*)

Please return this form to:

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