

WRA TEAM SPONSOR APPLICATION

Name: _____ E-Mail Address: _____

Business Name: _____

Mailing Address: _____

Telephone Number: _____ (Business) _____ (Home)

Name to be Screen printed on Shirt: _____

Sport		Donation Amount	Name of child who's team you prefer to sponsor:	Grade
	Team #1	\$175.00		
		Alternate child?		
	Team #2	\$175.00		
		Alternate child?		

If you prefer your sponsorship to be associated with a specific child's team, please identify the child's name and the grade they will be attending in the fall. For multiple teams you can specify a child for each team.

Every effort will be made to match the child specified with the sponsor, however; this is not always possible. You will be notified when a conflict occur.

Please mail the completed form with your check payable to:

WRA, INC.
PO Box 64
Blue Bell, PA 19422

THANK YOU FOR YOUR SUPPORT OF THE WRA
Your support is critical to our success.

***** WRA USE ONLY

Received by: _____ Date Paid: _____ Check #: _____ Cash \$: _____