MADISON EASTSIDE SHARKS
YOUTH SPORTS/ACTIVITY ASSOCIATION

Chuck Koch - Program Director 4710 Starker Avenue Madison, Wisconsin 53716

SPONSORSHIP PROGRAM

My name is _____ a member of the _____for the _____season. In order for me to financially be able to cover participation costs, I will need financial assistance. The RENTAL/PARTICIPATION FEE is $_____.

If you could help me with a donation, your support would greatly be appreciated!

Your donation is TAX DEDUCTIBLE. Please submit all donations in the form of a check.

All checks should be made out to: MADISON EASTSIDE SHARKS

TEL.NO	SPONSOR	ADDRESS	CITY	STATE	ZIP	DONATION

PARENT/GUARDIAN: Signature _____ **Date**_____

PROGRAM DIRECTOR: Signature Chuck Koch **Date**_____

TOTAL