



MCAA

Mill Creek Athletic Association

All-Stars / Travel Team Sponsorship Form

Sponsor Name: _____

Address: _____

City, State Zip: _____

Contact Name: _____

Phone #: _____ E-Mail: _____

I would like to sponsor _____ team

Amt: \$ _____ Cash Check # _____ (Make Payable to MCAA)

Sponsorship/Donation Classification: Non-Charitable Charitable

THANK YOU FOR YOUR SUPPORT OF THE MILL CREEK ATHLETIC ASSOCIATION

Received by:

Signature of Team Representative

Date

Print Name of Team Representative

Board Use Only:

Date Received: _____ Received by: _____ Tax Receipt sent: _____