

## Spokane Shadow Player Sponsorship 2024 -2025 Season

Date:	
Name of Player:	
Spokane Sounders Team:	
Sponsor Name:	
Mailing Address:	
City/State:	
Sponsor Phone:	
Sponsor Email Address:	
Sponsor Web Address:	
Amount of Sponsorship:	

Return this form and sponsorship check (payable to Spokane Sounders) to:

Spokane Soccer Club Shadow P.O. Box 4786 Spokane, WA 99220

Please keep a copy for your records. Thank you!