



Bolingbrook Buccaneers
Minor League Football
PLAYER SPONSORSHIP
APPLICATION



(please print clearly)

NOTE: We appreciate the financial support from individual sponsors and small businesses.

Application Date: _____ year mo. day New Sponsor: _____ Repeat Sponsor: _____

Company/Sponsor
Name:

street address

mailing address (if different)

city

postal code

contact person

telephone #

fax #

e-mail address

Name to be advertised and printed on
game day program:

Logo artwork or sample enclosed (if logo also desired to be advertised and placed in program)

Please complete the following to accommodate your request to sponsor a specific individual. If you are interested in sponsoring the team, your sponsorship will automatically be applied to the organization.

Player's first & last name

Relationship to sponsor

Please indicate if you wish to receive _____ website link

For website link, please indicate your website address: _____

Please remember to enclose your check when returning this sponsorship application.
After checking to ensure that you have fully completed this form, mail it with your check to:

Bolingbrook Buccaneers
 Minor League Football Organization
 Attention: Player Sponsorship
 P.O. Box 1356
 Bolingbrook, IL 60440

I understand that my sponsorship is for Bolingbrook Buccaneers Minor League Football Organization and that there is a guarantee it will be directed to the above mentioned player or if directed to the organization.

Signature: _____

Date: _____