



Missaukee Osceola Youth Soccer Association

SPONSORSHIP APPLICATION

Business Name: _____

Address: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Color of Team shirt requested: _____

Fax or Mail this form to:

Northern Michigan Christian
128 S. Martin St.
McBain, Michigan 49657
ph (231) 825-2492
fax (231) 825-2371

For more information contact:

Dave Skinner
Athletic Director
231-920-1278
dskinner@nmcs.us

Sponsorship Amount is \$150 (Business name will be on team t-shirts)

Please return this copy and keep a copy as your Sponsorship Receipt:

Check Number: _____ Amount Donated to Non-Profit Organization: \$ _____

Please indicate any special requests, i.e. child's team or Coach:

(Please email Logo/Artwork to deisenga@nmcs.us)