



P.O. Box 791
Manchester, MO 63011

Sponsor Form

Name of Sponsor: _____

Manager's Name: _____

Manager's Address: _____

City: _____ State: _____ Zip Code: _____

Manager's Phone: (____) _____ - _____

Team Name: _____

Amount of Sponsorship: _____

Plaque for Sponsor Board Requested: Yes No
(Circle one)

If yes, name to be printed on plaque: _____

Manager Signature: _____ Date: _____

Please make checks payable to MAA and mail to:

*Manchester Athletic Association
Attn: Director of Sponsorships
P.O. Box 791
Manchester, MO 63021*

Note: Forms must be received by MAA no later than April 1st. All forms submitted after that date will be returned to the manager.