

2025 YOUTH VOLLEYBALL SPONSORSHIP APPLICATION



**COMMUNITY
SERVICES &
PROMOTIONS**
City of Atascadero

 X **Yes, I will sponsor a 2025 Youth Volleyball Team ~ \$200**

 Please send me an invoice (payment is due on or before June 20th)

 Payment enclosed

Business Name (for team shirt sponsorship):

Business Owner's Name:

Business Mailing Address:

Business Email Address:

Business Phone Number:

() _____

 I have a child that will be participating in the program, and I want to sponsor his/her team.

My child's name is _____

My child is in _____ grade at _____ school.

Please make checks payable to:

**City of Atascadero
5599 Traffic Way
Atascadero, CA 93422**

Signature: _____ **Date:** _____

This agreement shall be for the 2025 Atascadero Youth Volleyball League starting June 17th and ending August 7th.
The City of Atascadero shall not be held liable for loss or damage to private property. Sponsorship is binding.

For more information please call the Recreation Team, 470-3360

FOR OFFICE USE ONLY

Receipt #: _____

Date: _____

Staff Initials: _____