



2025 Sponsorship Form

Company Name: _____

Company Contact Person: _____

Phone Number: _____

Business Address: _____

Company Contact Email: _____

Name on Jersey: _____

Jersey/letter color choice 1: _____

(example red jersey w/white letters)

Jersey/letter color choice 2: _____

Coach Request (If Applicable): _____

Player Request (If Applicable): _____

Age Group Request: 6U 8U 10U 12U 14U 16U/18U

Number of Teams Sponsoring: _____

1 (\$300) 2 (\$525) 3 (\$750) 4 (\$975)

Would you like a sponsorship team picture plaque? Yes No

Questions? Please contact us:

sponsorship@tcgfsa.org

Please send this form & check to:

TCGFSA

PO Box 1648

Richland, WA 99352

*Payments made with Square are subject to a \$9.00 fee per team