

GLORY DAYS SPORTS® APPLICATION FOR TEAM SPONSORSHIP

Date of Application: _____

1. Name of Team: _____

2. Sport: _____ **Team FEIN/Social Security #:** _____

3. Age Group: _____ **Division, if applicable:** _____

4. Circle One: **Male** **Female** **Coed**

5. Coach's Name, Address, Telephone # & E-Mail:

6. Home Field or Court Location: _____

7. Describe in 100 words or less why Glory Days Grill will benefit from sponsoring your team:

8. Estimated Total Cost to Glory Days Grill for one season (half year) sponsorship: \$_____

9. Name, Address, Telephone # & E-Mail Address of Person Submitting this Form:

10: If your team is selected, checks should be made payable to:

Name of Organization: _____

Print this application, fill it out and hand deliver it to the Manager of your nearest Glory Days Grill. In order for your team to be considered, please give your application in person to one of the restaurant managers.

- Spring sponsorship deadline is on the last day in February at 10:00 PM.
- Fall sponsorship deadline is on the last day in August at 10:00 PM.