ACKNOWLEDGEMENT OF RECEIPT OF SPONSORS FUNDS

TO BE COMPLETED FOR TEAM RECIPIENT:

I, ________________, am accepting a donation for the amount of $ ________________.  
TEAM REPRESENTATIVE

Name of Team: _____________________________________________________________________________

Sponsor’s Name:____________________________________________________________________________

Sponsor’s Check Number:______________ or □ Cash

Check must be made payable to Sagebrush Youth Soccer of Southern Nevada, not the team name or any individual. Team Representative will not receive funds from Sagebrush Youth Soccer of Southern Nevada until the funds have cleared the bank.

By signing this form, I accept full responsibility for the funds mentioned above and their proper use. I will supply Sagebrush Youth Soccer of Southern Nevada an itemized detailed statement of the above funds with original receipts.

Team Representative’s Signature ___________________________ Date ____________

FOR SAGEBRUSH YOUTH SOCCER OF SOUTHERN NEVADA USE:

Sagebrush Youth Soccer Representative’s Signature ___________________________ Date ____________

Date Funds Cleared ___________ Sagebrush Check Number Given to Team ___________ Date of Check ___________

I received the check from Sagebrush detailed above:

Team Representative’s Signature ___________________________ Date ____________

Sagebrush Youth Soccer of Southern Nevada will not be held responsible for the improper use of these funds.

Sagebrush Youth Soccer of Southern Nevada
6185 S Pecos #250, Las Vegas NV 89120
www.sagebrushyouthsoccer.com
(702) 373-4028