



2024/2025 YOUTH BASKETBALL LEAGUE TEAM SPONSORSHIP PLEDGE FORM

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____

Team Sponsor Fee: \$350

*Team name for Jerseys (print exact wording) _____

(If you have a preference) Grade Level _____ Boys or Girls (circle one)

Player or Coach Name: _____

For additional information, call (707) 463-6714.

Payment can be sent or delivered to the following address:

**City of Ukiah
Youth Basketball
411 West Clay St
Ukiah, CA 95482**

Or you may use your credit card online at ukiah.recdesk.com and search for "Youth Basketball Sponsorship"

Official Use Only:

Paid _____ Method _____ Date _____