

Adult Athletic Sponsorship

In order to receive assistance from the Adult Athletic Sponsorship you MUST provide the following information:

- Applicant Information
- Activity Information
- Payment Information
- Flyer of Activity
- Signed Copy of Applicant(s) Tribal Identification

Signed copy must state the amount of sponsorship utilizing.
Please see example below

APPLICATION MUST BE COMPLETE FOR APPROVAL

Application due date: Ten (10) Business days before the start of the event.

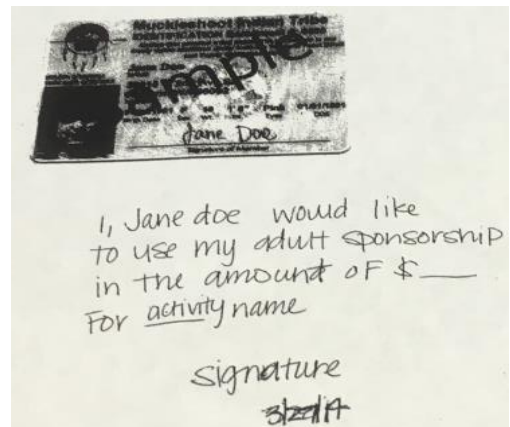
We recommend application submission no later than Tuesday; two weeks before your sporting event- this allows time for application review and processing as well as time for you to provide data that may be missing or unverified. The Program is NOT responsible for any Outstanding Balances.

RETURN COMPLETED APPLICATION TO:

In Person: Recreation Department, located at the Youth Facility building.

FAX: (253) 876-3077

U.S. Mail: Muckleshoot Indian Tribe
Recreation Dept.
39015 172nd Avenue SE
Auburn, WA 98092



Example of written statement



Adult Athletic Sponsorship



The maximum amount the Member may be eligible to receive is \$900.00 per year. Funds are first come, first serve with limited availability. Available to Tribal members that physically reside within 30 mile radius of the Muckleshoot Community Hall Chimney

****Funds cannot be transferred to another recipient****

Section 1

Applicant Information:	
Name: _____	MIT Enrollment #: _____
Address: _____	
_____	City State/Zip
Phone: _____	Email: _____

Section 2

Activity Information: The Program is NOT Responsible for any Outstanding Balances	
Please attache Flier, League Fee Info, Registration, Invoice, ect.	
Activity Name {Sport, Class, Membership, ect.} : _____	
Entry Fee: \$ _____	Tourney Dates: _____
League Fee: \$ _____	League Dates: _____
Registration: \$ _____	
Invoice \$ _____	Other: \$ _____
Name of Team(if applicable) : _____	Coach: _____

Section 3

Payment Information:			
Please note per MIT Finance a new vendor and W-9 form may need to be done prior to payment			
Vendor Name: _____			
Vendor Address: _____			
City: _____			
State/Zip: _____			
Phone: _____	Email _____		
Tribal ID W/ Written STMNT Yes or No	Office Use Only	Date RCVD:	
	Enrollment #:	RQ # :	
Attached Activity Form Yes or No	Staff Intl:	Date:	Check or PO
Notes/Comments: _____			