

GLORY DAYS GRILL® 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: _____ Coach's Shirt Size:
_____ S M L XL 2XL 3XL

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:

Name: _____

Address: _____

Telephone: _____

Email: _____

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. Rev 1-08
- Please allow eight weeks for check processing.