

Adult Athletic Sponsorship Program

Request for Funds

Name: _____ Tribal Enrollment #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Team: _____

Name of Coach: _____

Season or Tournament begins: _____ Season or Tournament End: _____

Items for Payment Request:

Attached Entry Form: YES NO

Attached Team Roster: YES NO

Check is to be issued to:

Applicants Signature

Athletic Sponsorship Committee Signature

Team Roster

Name of Team: _____

Type or Print Name	Player Signature	Phone Number	Muckleshoot	Enrollment Signature
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	
			YES OR NO	

TEAM MUST CONSIST OF 60% ADULT PLAYERS THAT ARE MUCKLESHOOT TRIBAL MEMBERS TO BE SPONSORED
ENROLLMENT OFFICER MUST SIGN FOR EACH TRIBAL MEMBER