



Wintergarden Volleyball Academy



INDIVIDUAL SPONSORSHIP SUBMISSION

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

"I would like to sponsor _____ to participate in Wintergarden Volleyball Academy's Travel Team Program. I voluntarily contribute \$ _____ toward her total membership dues for the 2021-22 competitive season."

Wintergarden Volleyball Academy is a 501(c)(3) tax-exempt non-profit organization. Donation receipts for all contributions will be mailed in January, 2022, containing our organization's Taxpayer Identification Number. We thank you for supporting our program and its members!