



Wintergarden Volleyball Academy



INDIVIDUAL OR TEAM 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 \$_____ for the 2026-27 competitive season."

Wintergarden Volleyball Academy is a 501(c)(3) tax-exempt non-profit organization, and you may self-report your donation using our Tax ID #**83-1611831**. Please e-mail director@wintergardenvba.org to request a donation receipt for your records. We thank you for supporting our program and its members!