Business Name:		
Address:		
Phone #:		
Authorizing Agent:		
5 5		
Merchant Picture Quantity: (\$50.0)	0 each) Individual: Team	: (check one)
Amount Paid:	Cash or Check	(check one)
Player Name:		
-		
All Merchant Pictures must be paid for		•
Coyote Soccer (see below for complete de		e delivered the first
week	x of December.	
Mail form and payment to:		
	ady Coyote Soccer	
	9 Miramar	
Wichita	Falls, TX. 76308	
<u>*payment m</u>	ust accompany form*	
<u>payment in</u>	The state of the s	• • • • • • • • • • • • • • • • • • • •

The Coyote Soccer Booster Club sincerely appreciates your kind support. Thank you for agreeing to sponsor a WFHS Coyote Soccer Player.

Dear Sponsor:

Chris Hansen- Coyote Soccer Booster Club President

PLEASE FEEL FREE TO KEEP THIS AS YOUR RECEIPT