



FONTANA COMMUNITY LITTLE LEAGUE REQUEST FOR SPONSORSHIP DISBURSEMENT

Date: _____ Amount Requested: _____

Team Name: _____ Division: _____

Purpose of Disbursement: _____

Name of Person Requesting/Position: _____

By signing below, I verify that I have received the above requested funds and will use them for the purpose intended.

Signature: _____

Receipt attached? Yes No Check # _____

League Representative: _____



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