

## Adult Athletic Sponsorship

In order to receive assistance from the Adult Athletic Sponsorship you MUST provide the following information:

- Applicant Information
- Activity Information
- Payment Information –Vendor “REMIT TO” info
- Flyer of Activity & Invoice-Quote
- Signed Copy of Applicant’s Tribal Identification

## APPLICATION MUST BE COMPLETE FOR APPROVAL

Application due date: Ten (10) Business days  
before the start of the event.

We recommend application submission no later than Tuesday; two weeks before your sporting event-this allows time for application review and processing as well as time for you to provide data that may be missing or unverified. The Program is NOT responsible for any Outstanding Balances.

### **RETURN COMPLETED APPLICATION TO:**

**In Person:** Gray Drop Box located outside at the Youth Facility building.

**Email:** [RecApps@muckleshoot.nsn.us](mailto:RecApps@muckleshoot.nsn.us)

**FAX:** (253) 876-3077

**U.S. Mail:** Muckleshoot Indian Tribe  
Recreation Dept.  
39015 172<sup>nd</sup> Avenue SE  
Auburn, WA 98092

# MUCKLESHOOT RECREATION DEPARTMENT



**ADULT ATHLETIC SPONSORSHIP**  
 Phone: (253) 876-3370 • Fax: (253) 876-3077  
 Email: RecApps@muckleshoot.nsn.us

The maximum amount the Member may be eligible to receive is \$900.00 per calendar year. Funds are first come, first serve with limited availability. Available to MIT Tribal Members that physically reside within 30-mile radius of the Muckleshoot Community Hall Chimney.

**\*Funds cannot be transferred to another recipient\***

**Please complete ALL (3) Sections & Return to: RECREATION DEPARTMENT**

SECTION 1

**Applicant Information:**

Name (First, Middle, Last Name):	MIT Enrollment #:
Current Address:	
City/State/Zip:	
Phone:	Email:

SECTION 2

**Activity Information: *The Program is NOT Responsible for any Outstanding Balances.***

**\*Please attach Flyer League Fee Information, Registration, Invoice, etc.\***

Basketball  Baseball  Football  Softball  Soccer  Golf  Martial Arts  Other: \_\_\_\_\_

**\*Name of Event/Tournament/Class:**

League/Tournament Type:  Men's  Women's  CO-ED

Entry Fee: \$	Tourney Dates:
League Fee: \$	League Dates:
Registration: \$	
Invoice: \$	Other: \$
NAME OF TEAM:	COACH NAME:

SECTION 3

**Payment Information:**

New Vendor & IRS W-9

**\*Please NOTE- Per MIT Finance a new vendor and IRS W-9 form, may need to be completed prior to payment\***

Send Payment to - Vendor Name:

Vendor Address:

City:

State/Zip Code:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OFFICE USE ONLY**

Tribal ID with Written Statement <input type="checkbox"/> YES <input type="checkbox"/> NO	Attached Activity Form <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date Received:	Enrollment #:	Staff Initials:	
RQ #:	PO#:	<input type="checkbox"/> Check <input type="checkbox"/> PO	Hold Check <input type="checkbox"/> YES <input type="checkbox"/> NO

**NOTES/COMMENTS:**

**MIT ADULT ATHLETIC SPONSORSHIP STATEMENT:**

I, \_\_\_\_\_ would like to use my Adult Athletic Sponsorship funds in the  
*(First & Last Name)*

amount of \$ \_\_\_\_\_ for \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Please attach a photo copy of valid Muckleshoot Tribal ID card.

