

Spring _____ Summer _____ Fall _____ Winter _____



Chasers Bar & Grill
9003 N. Milwaukee Ave
Niles, IL. 60714
847-470-8800 Fax - 847-470-9462

Date: _____ Sport Played _____

Team Name: _____

Park District / League Name: _____

League Fee: \$ _____ Day(s) Of Week Played: _____

Season Start Date _____ Season End Date: _____

Number of Weeks Played (Before Playoffs) _____ Fee Due Date: _____

Has Chasers Sponsored this team before Y N Fees Paid Y N

If Yes What Year/Season _____

Team Captain's Name: _____

Team Captain Phone # _____

Why should Chasers Sponsor your team: _____

****Captain must bring team roster and game schedule no later than the first day of the season****

*******OFFICE USE ONLY*******

Comments/Terms _____

Roster Turned in: _____ Team Schedule Turned in: _____

Approved Y _____ N _____ By _____

1st ½ _____ Final _____ Re-Sponsor _____

Check #1 \$ _____ / # _____ #2 \$ _____ / # _____ #3 \$ _____ / # _____