

## Rock Solid Gift Program

Giver's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Player's name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_ (checks payable to Rock Solid Athletics)

Thank you for supporting our Rock Solid players! The player you have chosen to sponsor will receive conformation e-mail with information about your donation.

Please fill out this form and send back to Coastal Athletics with your donation enclosed.  
Thank you

*Coastal Athletics  
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