



SOZO Sports of Central Washington
1200 Chesterley Drive Suite 240
Yakima, WA 98902

CLEATS APPLICATION

Please fill out this application in its entirety. Incomplete applications will not be considered.

PLAYER INFORMATION

Player Name: _____

Player Age: _____

Sport: _____ Gender: _____

Cleat Size: _____

Player Phone Number: _____

Player Email: _____

How long has the player been playing this sport

Please briefly explain why you are applying for a pair of cleats.

Contact Name (if applying for friend/child):

CONTACT INFORMATION

Contact Number: _____

Contact Email: _____

If applying for friend/child, what is your relationship with the player?

I agree to the Terms listed below.

Signature: _____

Terms: Completing this application does not guarantee the player will be a recipient of a pair of cleats from SOZO Sports of Central Washington. If the player receives a pair of cleats from SOZO Sports of Central Washington, the player gives full permission to SOZO Sports of Central Washington to use their first name, photo, age and team name for general marketing and advertising purposes for SOZO Sports of Central Washington. All applications must be mailed to or dropped off at:

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