



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 INFORMATION

Contact Name (if applying for friend/child):

\_\_\_\_\_

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 can be mailed to the address below or emailed to info@sozo.net

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