



## “Name in Lights” Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Game: \_\_\_\_\_

Message (No more than 30 characters): \_\_\_\_\_

\_\_\_\_\_

Type of Message:      Welcome      Birthday      Anniversary  
                                   Wedding      Other \_\_\_\_\_

### Payment Information:

Method of Payment:

- Check (made payable to the San Jose Earthquakes Community Fund)  
 Credit Card (Visa, Mastercard, Discover, American Express)

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail To:  
San Jose Earthquakes  
Community Relations Department  
Attention: “Name in Lights”  
451 El Camino Real Suite 220  
Santa Clara, CA 95050

All requests are subject to approval and will not be processed until full payment is received.  
Requests must be submitted fourteen (14) business days prior to specified game.