



“Business Pages Referral Program” Application

Primary Contact Person: _____

Business Name: _____

Address: _____

Phone/Fax: _____

Cell: _____

Email

Address: _____

Business URL/Website: <https://www.> _____

Business Category: _____

Brief Business Description: _____

Email your logo: TemeculaAdultSoccerLeague@gmail.com

Agreement: By signing below, I, the business owner, agree to participate in the Business Pages Referral program with Triple R Sports. I also agree to give back 20% to all the participants who use our services, show their league player card and have paid in full. I will do so by purchasing credits on the league’s website within one week of service. I have read and agree to all the regulations required to be part of this program.

Signature: _____ **Date:** _____

Print Name: _____