

**VARSLTY NETWORKS  
REVENUE SHARE AGREEMENT**

The Applicant as a Manager/Representative of the \_\_\_\_\_ (enter team name/sport) website hereby applies to participate in the Varsity Networks Revenue Share Program (the "Program").

Pursuant to the Program, Varsity Networks will pay to the order of \_\_\_\_\_ (insert the name of the bank account of or maintained for the benefit of the team) tax id number \_\_\_\_\_ (insert the tax id number for this account) bank account number \_\_\_\_\_ (insert the bank account number for this account) a portion of its net revenue from the sales of photographs and apparel which originate from such team's website. The Manager/Representative certifies that he/she is authorized to receive payment on behalf of the team. The Manager/Representative further represents and agrees that all amounts received under the Program shall be used **solely** for the benefit of such team. Payments will be made quarterly, but only if the amount payable to the team for the quarter is **\$25** or more.

The Applicant acknowledges and agrees that Varsity Networks in its absolute discretion may:

- (a) Discontinue the Program at any time giving 30 days notice by email to the Manager/Representative then serving, or if such person is unreachable, to any coach or person registered on the website.
- (b) Change the person it acknowledges as the Manager/Representative for the website at the request of the coach or other person affiliated with the team or school or for any other reason. Payments will continue provided the substituted Manager/representative delivers to Varsity Networks an Application for Revenue Sharing in the then current form.
- (c) Request the Manager/Representative to document that all of the amounts received under the Plan are being applied for the benefit of the team.

Checks will be mailed to:

Address of Website: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**I agree to the above and represent that all revenue sharing amounts received under the Program shall be applied solely for the benefit of the team, and that I am authorized to receive payment on the team's behalf:**

\_\_\_\_\_  
Print name of  
Manager/Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax this form back to (888) 213-8996**