

SPRINGWATER SOCCER ASSOCIATION

2010 SPONSORSHIP FORM

Company Name

Name _____ Contact Person: _____

Address: _____ City _____ Postal Code: _____

Phone #: _____ e-mail: _____

Team Information

Company Logo required: Yes ___ No ___ (we already have it on file)

If your logo is printed on a business card or letterhead, please attach to this form.
If logo is on disk, please make alternate arrangements.

Shirt Colour Preference: 1) _____ 2) _____

We cannot guarantee colour choice, but we will do our best! Colours are assigned on a 1st come served basis.

Age Group of team you would like to sponsor:

3 yr. old ___ 4 yr. old ___ 5 yr. old ___ 6 yr. old ___ 7 yr. old ___ 8 yr. old ___

9 yr. old ___ 10/11 yr. old ___ 12/13/14 yr. old ___

Do you wish to sponsor a team that your child plays on? Yes ___ No ___

Child's Name: _____

Sponsorship Fee: \$250.00

Please make cheque payable to Springwater Soccer Association

Payment: Cheque or Cash _____ Please invoice me: Yes ___ No ___