

**SPRINGWATER SOCCER ASSOCIATION
2017 SPONSORSHIP FORM**

COMPANY INFORMATION

Name of Business: _____

Contact Person: _____

Address: _____ **Postal Code:** _____

Tel. #: (cell) _____ **Email address:** _____

TEAM INFORMATION

Company Logo: Is your logo currently with Springwater Soccer: Yes _____ No _____

New Logo: Please send logo as a JPEG or PDF file to info@springwatersoccer.ca

Shirt Colour Preference: 1) _____ 2) _____

Age group of team you would like to sponsor:

3 yr. _____ 4 yr. _____ 5 yr. _____ 6 yr. _____ 7 yr. _____ 8/9 yr. _____

10/11/12 yr. _____ 13/14/15 yr. _____

Name of Child: _____ **Age Group:** _____

SPONSORSHIP FEE: \$325.00

If you would like to pay on-line, visit Website: www.springwatersoccer.ca

Please make cheque payable to: Springwater Soccer Association

Payment: Cheque: _____ Cash: _____ payment online: _____