

**SPRINGWATER SOCCER ASSOCIATION
2019 SPONSORSHIP FORM**

COMPANY INFORMATION

Name of Business: _____

Contact Person: _____

Address: _____ **Postal Code:** _____

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

TEAM INFORMATION

Company Logo: Does Springwater Soccer have your current logo: 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, 10 yr. _____

11 & 12 yr. _____ 13 - 16 yr. _____

Name of Child: _____ Age Group: _____

SPONSORSHIP FEE: \$350.00

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

Please make cheque payable to: Springwater Soccer Association

Payment: Online: _____ Cheque: _____