

Longview Soccer Club

Team Sponsorship Form

SEASON: (circle one) **SPRING** / **FALL** (year) **20__**

Sponsor Information is DUE by the second Monday after the coaches meeting. **DUE :** _____

Thank you for your support of Longview Soccer Club. Your sponsorship provides the youth of Longview an opportunity to enjoy the great game of soccer. Complete the form below and bring it in to an open registration, coaches meeting or equipment handout. ***Please do not mail checks / sponsor forms.***

Sponsor Business Name:

Enter the name that you want to appear on the team jerseys. Name is limited to 2 lines, 13 characters per line (including spaces).

Line 1 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Line 2 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Sponsor Information:

Address _____ City _____ ST _____ Zip _____

Business Phone _____

Sponsor Contact Name _____ Sponsor Contact Phone _____

Sponsor Name will NOT be applied to jerseys until fee is paid.

Sponsors will have name on the back of the team jersey, and will receive a team plaque.

In the **SPRING** coaches will receive a matching team shirt.

In the **FALL** the sponsored team will not be required to do the main Fall fundraiser.

After the due date, teams may submit a sponsorship BUT ... the Sponsor will NOT have their name on the back of the team jerseys and they might not receive a plaque.

Team Information:

AGE / DIVISION

Girls / Boys U6 U7 U8 \$150.00

Girls / Boys U9 U10 U11 \$300.00

Girls / Boys U12 and above \$500.00

Coaches name: _____ Coach shirt size (SPRING only) _____