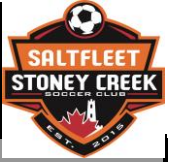


# SALTFLEET STONEY CREEK SOCCER CLUB



## Sponsor Information

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Website: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

## SPONSORSHIP OPPORTUNITY

SPONSORSHIP TYPE	DESCRIPTION	COST
<b>SPONSORSHIP SPECIAL</b> <ul style="list-style-type: none"> <li>· UNIFORM</li> <li>· WEB AND SOCIAL MEDIA</li> <li>· FIELD SIGNAGE</li> </ul>	<ul style="list-style-type: none"> <li>· Includes your company name/logo crested on the front of the jersey - team of your choice</li> <li>· Includes Website awareness to 4500 families</li> <li>· Includes signage at Sherwood Park</li> </ul>	<b>\$400-single</b> <b>\$300-multiple</b>

## Recreational Team Selection

Gender of the team you wish to sponsor (circle one)	Boys	Girls	Mixed
Birth year of player you wish to sponsor: _____	(Indicate Year/Age): _____		
Are you sponsoring the team of a specific player?	Yes	No	
Players Name (if applicable) _____			

## Jersey/Screening Selection

1st choice: _____	2nd choice: _____	3rd choice: _____
-------------------	-------------------	-------------------

Please note: Colours are assigned on a first come first serve basis

Screening choice for jersey, circle one:	LOGO		BLOCK LETTERING	
--	------	--	-----------------	--

IF LOGO, please send electronically (eps version) to: [sponsorship@saltfleetstoneycreeksc.ca](mailto:sponsorship@saltfleetstoneycreeksc.ca)

IF BLOCK, please complete below:

Line One								
Line Two								

Year End Sponsorship Plaque	Check Y/N	Y		No thanks	
-----------------------------	-----------	---	--	-----------	--

If logo not received by screening date, company name will be printed in block letters

Payment Amount: _____	Office Staff Use Only	Date: _____
-----------------------	-----------------------	-------------

Method of Payment: Cash \_\_\_\_\_ Debit \_\_\_\_\_ Credit \_\_\_\_\_ Cheque # \_\_\_\_\_ Staff \_\_\_\_\_