



Date Rec'd: _____
 Invoice Date: _____
 Check #: _____
 Amount: _____

2017 Sponsor Agreement Form

Company Name: _____
(Please print clearly)

Contact Name: _____

Address: _____
(Team photo to be mailed here)

City, State, Zip: _____

Telephone Number: (____) _____ - _____ **Email Address:** _____
(required)

Indicate Level and Amount of Sponsorship:

Level: _____ Amount: _____

Sponsors getting a banner please provide letterhead or a business card with company logo.
 Additional requirements or special needs should be indicated below.

Team Sponsorship: *(circle one)* **Travel-\$200 House-\$175 Tykes-\$100 4v4 SSG-\$250**

Due to rising costs, company logos can no long be printed just the company name.

Indicate Gender Preference: *(circle one)* **Girls Boys**

If sponsoring a specific child or team please provide the appropriate information below:

Child's Name: _____ **DOB:** ____/____/____

Coach's Name: _____ *(if applicable)*

Special Requests: _____

Any special requests must be submitted on time and will only be honored on a 1st come 1st serve basis. If you have any questions please email me at jimlepore@rochester.rr.com.

Total Sponsor Fee: \$ _____ **Check Here if Invoice Required:**

Check Here if Check Enclosed:

Return Form to: Jim Lepore (jimlepore@rochester.rr.com)
 16 Rio Grande Dr.
 N Chili, NY 14514

Make Checks Payable to: **Chili Soccer Association.**