



Competitive Team Sponsorship Form

Certificate #85-8012631246C-4 Tax ID#65-0503804

Team Name/Division _____
Effective Dates: From _____, 2022 to May, 31, 2023

WE HEREBY AGREE TO PAY TO WELLINGTON SOCCER CLUB THE SUM OF:

Contribution Levels

- _____ \$500 **Bronze Level Sponsor**
3' x 4' Banner
"Thanks For Your Support" plaque with team picture
- _____ \$1,000 **Silver Level Sponsor**
Polo Shirt for Sponsor
3' x 4' Banner
"Thanks For Your Support" plaque with team picture
- _____ \$1,500 **Gold Level Sponsor**
Polo Shirt for Sponsor
3' x 4' Banner
Company Name/link on website
"Thanks For Your Support" plaque with team picture
- _____ Other

Thank you for your tax deductible contribution!
Your willingness to support our program will give our talented players the opportunity to participate in events and tournaments that they otherwise would not have been able to attend.

Sponsor Shirt Size (if applicable)

_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X Large

Sponsor Name: _____

Contact Phone: _____

Address: _____

Business Phone: _____

Email: _____

Website: _____

Date paid: _____ Cash: _____ Check #: _____

Please email company logo or business card information to Board@WellingtonSoccer.com