



2017 SOCCER 4 KIDS WITH SPECIAL NEEDS

SPONSOR FORM

P.O. BOX 852 11151 Keele St. Maple, Ont. L6A 1S8

T. 905.832.0911 F. 905.832.0624.

www.vaughansoccer.com

SPONSORSHIP OF THIS PROGRAM ENTITLES SPONSOR TO THE FOLLOWING:

- SPONSOR NAME/LOGO ON VAUGHAN SOCCER CLUB WEB-SITE
- LINK TO SPONSOR'S COMPANY WEB-SITE ON VAUGHAN SOCCER WEB-SITE (if applicable)

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NO: _____ FAX NO: _____

E-MAIL ADDRESS: _____

COMPANY CONTACT PERSON: _____

SPONSORSHIP AMOUNT: PLEASE CHECK ONE (1): \$300.00 or OTHER \$ _____
(Cheques are to be made payable to: **Vaughan Soccer Club Inc.**)

SPONSOR SIGNATURE

DATE



VAUGHAN SOCCER CLUB OFFICE USE ONLY

PAYMENT METHOD: CHEQUE # _____ VISA MASTERCARD DEBIT

AUTHORIZATION NUMBER: _____ PAYMENT DATE: _____

PAYMENT RECEIVED BY: _____

THANK YOU FOR YOUR GENEROUS SUPPORT