



## 2019 COMPETITIVE TEAM SPONSORSHIP AGREEMENT

11151 Keele Street, P.O. BOX 852 Maple, ON., L6A 1S1  
PHONE: 905.832.0911 FAX: 905.832.0624  
vaughansoccer.com

DATE: \_\_\_\_\_

Please checkmark the package(s):

### Jersey Package

<b>Your company logo on:</b>	<u>Home (Blue Jersey)</u>	\$250.00	<input type="checkbox"/>
	<u>Away (White Jersey)</u>	\$250.00	<input type="checkbox"/>
	<u>Third Jersey (Red)</u>	\$250.00	<input type="checkbox"/>
	<u>Track Suit</u>	\$250.00	<input type="checkbox"/>
			<input type="checkbox"/>

<b><u>Your Sponsors Company Logo &amp; Website Link on the Vaughan Soccer Club Web Page</u></b>	\$300.00	<input type="checkbox"/>
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Please note:

1. No sponsorship will be processed without full payment and supply of a logo
2. Please e-mail logo to: [admin@vaughansoccer.com](mailto:admin@vaughansoccer.com)
3. Logos will be screened on the front of the team jerseys in white or black print
4. Sponsorship Logo deadline is MARCH 1<sup>st</sup> 2019 with no additional charges.
5. All monies collected from sponsor(s) must be strictly utilized for the sole purpose and benefit of the team.

TO: VAUGHAN SOCCER CLUB INC:

I/We agree to provide our sponsorship in the amount of \$ \_\_\_\_\_

Rep Team Name: \_\_\_\_\_

Team Year of Birth (DOB): \_\_\_\_\_ Male  Female

Coach Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Sponsor Contact Name: \_\_\_\_\_

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

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Company E-mail Address: \_\_\_\_\_

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

Name of Sponsor To Be Screened (please email logo in high VECTOR or giff format):

\_\_\_\_\_

\_\_\_\_\_  
Company or Team Official

\_\_\_\_\_  
Vaughan Soccer Club Official

Please make cheque payable to: Vaughan Soccer Club Inc. in the amount of \_\_\_\_\_

Method of Payment:  Cheque # \_\_\_\_\_  Visa  MasterCard  Debit Authorization # \_\_\_\_\_

**THANK YOU FOR YOUR GENEROUS SUPPORT**