



Sarnia Girls' Soccer Club Sponsorship Application

P.O. Box 22062 Twin Lakes Postal Outlet

Sarnia, Ontario, N7S 6J4

Telephone: 519-542-0212 Fax: 519-542-8384

Email: sarniagirlssoccer@bellnet.ca Web-Site: www.sarniagirlssoccer.com

I (WE) wish to sponsor ___ teams *in the 2017 season* (___ teams last year) Cost: \$225.00

EARLY BIRD SPECIAL of \$200.00 per team

\$25.00 off sponsorship fee if form and cheque are received by February 1st, 2017

Sponsor's Name: _____

Contact: _____

Sponsor Address: _____

Street/P.O. Box

City

Province

Postal Code

Telephone: _____

Work

Fax

Email: _____

Mailing Address: _____

(If different from above)

PLEASE NOTE: **APPLICATION AND CHEQUE MUST BE RECEIVED BY February 1st, 2017**

PLEASE MAKE CHEQUE PAYABLE TO: **SARNIA GIRLS' SOCCER CLUB**

MAIL TO :

**Twin Lakes Postal Outlet
P.O. Box 22062
Sarnia, Ontario, N7S 6J4**

OR

DROP OFF AT

**1540 Lottie Neely Park Road
Sarnia, Ontario, N7T 7H4**

Attention: Sponsorship

Attention: Sponsorship

Please contact office at 519-542-0212

• Team Name on Shirt _____

• Colours (**subject to availability**) _____
(Please provide ART WORK OR LOGO via email, disk or on paper if required on shirts.)

Please Note: 1. You may select one girl to be on your sponsored team.
2. Coaches are assigned to your team by League Conveners **NOT SPONSORS!**

Name of Player: _____

Birth Date: _____