



OAK RIDGES SOCCER CLUB

2008 SPONSORSHIP FORM



COMPANY NAME: _____

CONTACT NAME: _____ **CONTACT PHONE #:** _____

COMPANY ADDRESS: _____

CITY: _____ **P.C.:** _____ **PHONE #:** _____

FAX: _____ **EMAIL:** _____

WEBSITE: _____

SPONSORSHIP FEES:

ONE HOUSE LEAGUE TEAM: \$350. TWO TEAMS: \$325/TEAM
THREE OR MORE TEAMS: \$275/TEAM, * CLUB SPONSOR \$150.00 (MIN.)
**General CLUB Sponsorship will include Company Name/Logo on Club Newsletters*

SPONSORSHIP DETAILS

WE AGREE TO SPONSOR THE FOLLOWING:

<u>Quantity</u>	<u>Circle Year of Birth</u>	
		BOYS TEAM(S), BORN: 2004, 2003, 2002, 2001, 2000, 1999, 1998, 1997, 1996, 1995, 1994
		GIRLS TEAM(S), BORN: 2004, 2003, 2002, 2001, 2000, 1999, 1998, 1997, 1996, 1995, 1994

COLOUR OF JERSEY (Choose 3 colours in order of preference)

COLOUR 1 _____ COLOUR 2 _____ COLOUR 3 _____
 (Colours are assigned on first come first serve basis. Not all colours will be available)

PLEASE ASSIGN _____ (NAME OF CHILD) TO THIS TEAM.

SPONSORSHIP INCLUDES:

- 1 ONE COLOUR LOGO/NAME ONLY, ON FRONT CENTER OF JERSEY**
- 2 PLAQUE WITH PHOTO OF TEAM(S). 3 Oak Ridges SC Website and Club Newsletters.**

PAYMENT DETAILS (enclose payment with Sponsorship Form)

Total Sponsorship Paid: \$ _____ **Cheque #:** _____ **Cash:** _____

Cheques are to be made payable to the **OAK RIDGES SOCCER CLUB**. Sponsors will be designated to a team(s) once sponsorship funds have been received. Teams will be assigned on a first come basis. *All sponsorship forms are subject to approval by the Oak Ridges Soccer Board of Directors.*

Please retain a copy of this form as a receipt of payment for Sponsorship.

Authorized Signature: _____

Club Address: 60 King Rd. Unit 5, Oak Ridges **Mailing Address:** P.O. Box 2025 Richmond Hill, Ontario, L4E 1A3
Phone: (905) 313-8920, **Fax:** (905) 313-8919 **Email:** info@oakridgessoccer.com

www.oakridgessoccer.com