**SPONSORSHIP FORM – DEADLINE: MARCH 25, 2025**

**PLEASE Circle ONE:**

|  |  |  |
| --- | --- | --- |
| League Type | Sponsorship Type | Cost |
| House League | New Sponsor | $400 |
| House League | Returning Sponsor (2025) | $350 |
| Travel League | New Sponsor | $500 |
| Travel League | Returning Sponsor (2025) | $450 |

**COMPANY INFORMATION (Please Print Clearly)**
This form must be submitted with payment.

* **Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Website Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSE LEAGUE SPONSORSHIP (Please Circle One):**

|  |  |
| --- | --- |
| Category | Teams |
| House League - Interlock Teams | Boys or Girls Under 8 |
| House League - Interlock Teams | Boys or Girls 10 |
| House League - Interlock Teams | Boys or Girls 12 |
| House League - Interlock Teams | Boys or Girls 14 |
| House League - Interlock Teams | Boys or Girls Under 18 |

**House League - Interlock Teams:**

**TRAVEL LEAGUE SPONSORSHIP:**

 **Travel Boys Teams:**
\_\_\_\_\_ Print in requested age
\_\_\_\_\_ Any Boys Rec - Travel Team

**Travel Girls Teams:**
\_\_\_\_\_ Print in requested age
\_\_\_\_\_ Any Girls Travel Team

**JERSEY LOGO (Please Circle One):**

* Do you have a logo for the jersey?
\_\_\_\_\_ YES
\_\_\_\_\_ NO

*If YES, please attach your logo image and email it to* *lincolnstormsc@gmail.com**.*

**NAME TO APPEAR ON JERSEY (If no logo):**
*Please print in block letters.*

**Player Request (If Applicable):**

Would you like to request a specific player for your sponsored team?  *Yes* No

*If yes, please provide the following information:*

**Child’s Name:**

**Child’s Birthdate:** \_

*Note: The player will be assigned to their age-appropriate division based on December 31, 2025.*

**Payment Instructions:**

Please issue cheques to **Lincoln Soccer Club**.

Alternatively, you may send an e-transfer to **lincolnstormsc@gmail.com**.

**Questions?** For any inquiries, please contact the Lincoln Soccer Club at **lincolnstormsc@gmail.com**.