

Burlington Soccer Club



TEAM JERSEY SPONSORSHIP FORM

TOTAL SPONSOI	RSHIP:		\$,			•	0	0			
COMPANY NAME												
CONTACT NAME					F	POSITION						
ADDRESS					(CITY						
TELEPHONE	()	-			F	AX		()	-		
EMAIL					ı							
WEBSITE												
TEAM REQUEST	•											
AGE/GENDER/DIV	ISION				J	ERSEY	COL	OUR				
PLAYER REQUEST					•							
PLEASE SELECT	TVDF OF	SDONSOF	SCHID DE	SIRED	/ S	hmicci	ion (doadl	ino M	larch	1st, 2019)	
TEAM COONS	_	31011301	VOLINE DE	JIKLD	_	TEAM					6+ TEAMS	
Please indicate # teams desired				- #	ILAIVI	<u>, </u>	1-5 TEAMS \$500/ea			\$450/ea		
D	C				Cum	mor					-	
riedse mareate mor seasons desired (prease energy.				2019	ummer Fall 019 2019			Winter 2020				
EXTRAS • Please indi	cate any	desired exti	ras (please	circle):								
Sponsored Team(s) Sponsored Team(s) P			Team(s Sponso	dia Post w f Sponsor) & Specia or Mentior /Season	ed I	Logo Inclusion in Monthly Newsletter Email for 12 Months \$100/year			tter			
OTHER SPONSO	RSHIP C	PPORTU	NITIES									
Social Med						aming I	_					
NewsletteDome Ban		n (12,000+ su	bscribers)			ent Ac			(ick Ot	ff (4. 0	00 people)	
		Logo and/or (Offers)					_		• •	500 people)	
	•	al (Sponsor c	· ·	c.)		• Coge	co N	1ini Sc	ccer D) Day (2	,000 people)	
*If other sponsorsh	ip opportu	nities are of in	iterest, pleas	se inquire	at <u>hdr</u>	ew@bu	rling	tonsoc	cer.co	m for o	details and prices	
SIGNATURE:						Date	e (M	M/DD)/YYY\	():		

Please send completed form by fax (905-333-9127) or email to hdrew@burlingtonsoccer.com.

- o Once this form is received, the BYSC will provide a Sponsorship contract and an Invoice
- You will be required to supply your LOGO via in JPEG, PSD, or EPS format for the jersey (where applicable, colour logo in JPEG format for the use on our website/banner printing)

BYSC OFFICE USE ONLY											
Payment Amount: \$	_ Form Rece	eived:	(DD/MN	1/YYYY) Invoice #:							
Method of Payment (please circle):	Cash	Debit	Credit Card	Cheque							
BYSC Staff (please print):											