



MISSISSAUGA SOCCER CLUB INC.

2395 CAWTHRA RD., UNIT #1, MISSISSAUGA, ONTARIO L5A 2W8

TEL: (905) 896-4786 • FAX: (905) 896-7005

www.mississaugasoccerclub.com

SPONSORSHIP REGISTRATION FORM 2008 SEASON ALL SPONSORSHIP FORMS MUST BE COMPLETED IN FULL

I / we the undersigned agree to sponsor soccer team(s) with the M.S.C. for the 2008 season

Sponsor information

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE #: _____

FAX #: _____

NAME OF CONTACT _____

SPONSOR SIGNATURE _____

Sponsor request(s)

Sweater Print: _____

(USE ATTACHED ARTWORK)

Colour: _____

(SUBJECT TO AVAILABILITY)

FOR THE SOCCER SEASON WE WISH TO:

*Sponsor one { 1 } House League Team

Note: Includes Artwork in one colour on Shirt.

\$300

**Sponsor two { 2 } House League Team

Note: Includes Artwork in one colour on Shirt.

\$550

Sponsor one { 1 } Rep Team

Artwork in one colour on Shirt. (Club Selection)

\$ _____

Sponsor one { 1 } All-star Team

Artwork in one colour on Shirt. (Club Selection)

\$450

CONTRIBUTION: I enclose a financial contribution in the amount of \$ _____

I WISH TO SPONSOR THE TEAM (S) OF THE FOLLOWING CHILDREN: OR COACH

NAME

BIRTH YR.

SEX

1 _____

MALE FEMALE

2 _____

MALE FEMALE

3 _____

MALE FEMALE

OTHER REQUEST:

1 I WOULD LIKE TO ADVERTISE IN THE M.S.C. NEWSLETTER.

YES / NO

2 I WOULD LIKE TO ADVERTISE IN THE M.S.C. WEBSITE

YES / NO

PLEASE MAKE CHEQUES PAYABLE TO: MISSISSAUGA SOCCER CLUB