



**2021 SOCCER 4 KIDS WITH SPECIAL NEEDS
SPONSOR FORM**

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SPONSORSHIP OF THIS PROGRAM ENTITLES SPONSOR TO THE FOLLOWING:

- SPONSOR NAME/LOGO ON VAUGHAN SOCCER CLUB WEB-SITE
- LINK TO SPONSOR'S COMPANY WEB-SITE ON VAUGHAN SOCCER WEB-SITE (if applicable)

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NO: _____

E-MAIL ADDRESS: _____

COMPANY CONTACT PERSON:

SPONSORSHIP AMOUNT: PLEASE CHECK ONE (1): \$300.00 or OTHER _____

(Cheques are to be made payable to: **Vaughan Soccer Club Inc.**)

SPONSOR SIGNATURE

DATE



VAUGHAN SOCCER CLUB OFFICE USE ONLY

PAYMENT METHOD: CHEQUE # _____ VISA MASTERCARD DEBIT

AUTHORIZATION NUMBER: _____ PAYMENT DATE: _____

PAYMENT RECEIVED BY: _____

THANK YOU FOR YOUR GENEROUS SUPPORT