



**2024 ALL ABILITIES SOCCER PROGRAM  
SPONSOR FORM**

P.O. BOX 852 11151 Keele St. Maple, Ont. L6A 1S8

T. 905.832.0911 F. 905.832.0624

[www.vaughansoccer.com](http://www.vaughansoccer.com)

sarah.pellegrini@vaughansoccer.com

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