



Date Rec'd: \_\_\_\_\_  
Invoice Date: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_

**2010 Sponsor Agreement Form**

**Company Name:** \_\_\_\_\_  
*(Please print clearly)*

**Contact Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
*(required)*

**Indicate Level and Amount of Sponsorship:**

Level: \_\_\_\_\_ Amount: \_\_\_\_\_

Sponsors getting a banner please provide letterhead or a business card with company logo.  
Additional requirements or special needs should be indicated below.

**Team Sponsorship:** *(circle one)*      **Travel**    **House**    **Tykes**    **All-Star**  
Due to rising costs, company logos can no long be printed just the company name.

**Indicate Gender Preference:** *(circle one)*      **Girls**                      **Boys**

*If sponsoring a specific child or team please provide the appropriate information below:*

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Coach's Name:** \_\_\_\_\_ *(if applicable)*

**Special Requests:** \_\_\_\_\_

Any special requests must be submitted on time and will only be honored on a 1<sup>st</sup> come 1<sup>st</sup> serve basis. If you have any questions please email me at jimlepore@rochester.rr.com.

**Total Sponsor Fee:** \$ \_\_\_\_\_ **Check Here if Invoice Required:**

**Check Here if Check Enclosed:**

**Return Form to:** Jim Lepore (jimlepore@rochester.rr.com)  
29 Bellmawr Dr.  
Rochester, NY 14624

Make Checks Payable to: **Chili Soccer Association.**  
Please Return Sponsor Agreements by **February 28, 2010**