



ACTON SOCCER CLUB

2011 Outdoor Sponsorship Form

Thank you for your continued support!

Indicate age group preferred:

Birth Yr 2005 (U6) ____ Birth Yr 1999-00 (U12B) ____ Birth Yr 1996-95 (U16B) ____
Birth Yr 2003-04 (U8) ____ Birth Yr 1999-00 (U12G) ____ Birth Yr 1996-95 (U16G) ____
Birth Yr 2001-02 (U10B) ____ Birth Yr 1997-98 (U14B) ____ Birth Yr 1994-93 (U18B) ____
Birth Yr 2001-02 (U10G) ____ Birth Yr 1997-98 (U14G) ____ Birth Yr 1994-93 (U18G) ____
ASC to choose Age Group ____

Name of YOUR child(ren) you wish to have on Sponsored Team (if any):

First Child (first and last name): _____

Birth Year: _____ League: U _____ Please circle: Boy or Girl

Second Child (first and last name): _____

Birth Year: _____ League: U _____ Please circle: Boy or Girl

Exact wording or logo to be placed on shirt- ATTACH SAMPLE:
(Please note that if no sample is provided, plain text printing will be used.)

Company Name: _____

Contact Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

TOTAL # OF TEAMS SPONSORED: Qty: ____ x \$275/team = \$_____

Please send form and cheque payable to Acton Soccer Club BEFORE January 31st 2011 to GUARANTEE Sponsorship.

Acton Soccer Club
P.O. Box 248
Acton, ON L7J 2M4