



# ACTON SOCCER CLUB

## 2012 Outdoor Sponsorship Form

*Thank you for your continued support!*

### **Indicate age group preferred:**

Birth Yr 2006 (U6) \_\_\_\_ Birth Yr 2000-01 (U12B) \_\_\_\_ Birth Yr 1996-97 (U16B) \_\_\_\_  
Birth Yr 2004-05 (U8) \_\_\_\_ Birth Yr 2000-01 (U12G) \_\_\_\_ Birth Yr 1996-97 (U16G) \_\_\_\_  
Birth Yr 2002-03 (U10B) \_\_\_\_ Birth Yr 1998-99 (U14B) \_\_\_\_ Birth Yr 1994-95 (U18B) \_\_\_\_  
Birth Yr 2002-03 (U10G) \_\_\_\_ Birth Yr 1998-99 (U14G) \_\_\_\_ Birth Yr 1994-95 (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 31<sup>st</sup> 2012 to GUARANTEE Sponsorship.**

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