SPONSOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( ) _____

Contact Person: _____

Signature: _____

E-Mail/Web Address: _____

SPONSOR PREFERENCES

Sponsorship Level:	One Team	$200.00	($150 if paid by Apr 30th)
	Two Teams	$350.00	($300 if paid by Apr 30th)
	Three Teams	$500.00	($400 if paid by Apr 30th)

Coach or Player and League You Wish to Sponsor:

Team #1_____ League: BB GH PW PG PB
WG WB SG SB K

Team #2_____ League: BB GH PW PG PB
WG WB SG SB K

Team #3_____ League: BB GH PW PG PB
WG WB SG SB K

Company Logo Text Only

Please complete and mail to:

Huber Heights Soccer
Attn: Jeff Fuhrer-Vice President
PO Box 24333
Huber Heights, OH 45424

(BOARD OF DIRECTORS USE ONLY)

Method of Payment

Check #_____ Cash_____

Services or Products of Equivalent Value (Must be approved by President/Vice-President)

_____

Receiving Board Member: _____ Date: _____