



Team Sponsorship Form



Sponsor: _____ Contact Name: _____
 Phone: _____ E-mail: _____
 Address: _____ City: _____ Zip: _____
 Website: _____ Logo description: _____

STEP ONE: Indicate the seasons you would like to sponsor and indicate quantity:

_____ Spring Soccer _____ T-ball/Baseball/Softball _____ Adult Softball
 _____ Fall Soccer _____ Flag Football _____ Volleyball _____ Basketball

STEP TWO: Provide us with your logo and preferences:

Please email a **black and white** (not a gray-scale), max. 8x10, jpg logo to kim@covingtonsports.org

Correct format =  **Incorrect formatting** (shades of gray) = 

Do you have color preferences? YES NO

If, YES – **SHIRT COLOR** _____ **SCREEN COLOR** _____

One color is included; there is an additional \$20 charge per color for each team sponsored. We make every effort to meet your color requests and will notify you if we need to vary.

Please specify if you would like to **sponsor a specific child or coach?** _____

STEP THREE: Choose the number of total teams you would like to sponsor this year:

One Team _____ x \$175 each = _____
 Two, Three or Four Teams _____ x \$160 each = _____
 Five or More Teams _____ x \$150 each = _____
 Additional screen color fee, per team _____ x \$ 20 each = _____
 Additional shirts with your logo _____ x \$ 12 each = _____

NEW FOR FALL 2009!
 Beginning in Fall 2009, teams will receive shirts with their sponsor's logos and EACH COACH will receive a newly designed shirt with the CCS logo on the front and "COACH" on the back along with the names of ALL the CCS sponsors. This will allow for more wide-spread advertising of your company in multiple programs. Additional matching team shirts may be purchased separately.

STEP FOUR: Choose your payment method:

- Check/Cash Included – Receive a **10%** discount
 CC# _____ Exp _____
- Visa/Mastercard – Receive a **10%** discount
 CC# _____ Exp _____
- Invoice Me – Receive a **5%** discount if paid within 10 days of receipt of invoice
- Payment Plan – Only available with 5 or more teams
Your credit card will be charged in 4 equal payments. The first payment will be charged to your credit card on the date CCS receives this form and then every 90 days thereafter until paid in full.
 CC# _____ Exp _____

Sponsor Signature: _____ **Date:** _____

Mail Completed Form to: Covington Community Sports P.O. Box 7897 Covington, WA 98042