

SPONSORSHIP APPLICATION FORM*Over 35's Keeping Football Alive!***SPONSOR DETAILS**

Contact:	
Contact Tel Number:	
Company Name:	
Business Address:	
Postal Address:	SUBURB: P/CODE:
Telephone Number:	
Facsimile Number:	
Email Address:	
Website:	
Services Provided:	

GOLD SPONSORSHIP	NAME YOUR TEAM
(a) Payment of Dinner Presentation Night	
(b) Payment of Medals	
(c) Payment of Engraving	
(d) Payment of Special Achievement Trophies	
(e) Payment of Financial Resources	
SILVER SPONSORSHIP	NAME YOUR TEAM
(a) Payment of Medals	
(b) Payment of Engraving	
(c) Payment of Special Achievement Trophies	
(d) Payment of Financial Resources	
BRONZE SPONSORSHIP	NAME YOUR TEAM
(d) Payment of Special Achievement Trophies	
(e) Payment of Financial Resources	

PAYMENT TOTAL: \$ _____

I am an authorised person to contribute to the Over 35's PCYC Soccer League. I understand that my commitment to sponsorship will financially benefit the non-profitable organisation and understand the conditions of sponsorship.

APPROVED PERSON'S SIGNATURE: _____