



SPONSORSHIP INVOICE

NAME OF SPONSOR _____

ADDRESS _____

POSTAL CODE _____ **TELEPHONE** _____

FAX NUMBER _____ **CLUBS - 743-3850**

CONTACT PERSON _____

NAME TO BE SCREENED ON SHIRTS(ALL SCREENING IS BLACK OR WHITE)

LOGO MUST BE CAMERA READY ARTWORK IN BLACK AND WHITE

COLOUR OF SHIRTS 1) FIRST CHOICE _____

2) SECOND CHOICE _____

AGE PREFERENCE TO SPONSOR _____

PLEASE MAKE YOUR CHEQUE PAYABLE TO THE PETERBOROUGH YOUTH SOCCER CLUB AND MAIL ALONG WITH YOUR INVOICE TO THE ABOVE ADDRESS.

THE FEE IS \$300.00 PER TEAM

AMOUNT OWING _____

PAID _____

BALANCE OWING _____

RECEIPT REQUIRED YES _____ NO _____