



Highlands Soccer Club, Inc.  
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## Sponsorship Purchase Fall 2006 / Spring 2007

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Directory Information:

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Number of sponsorships purchased: COMPETITIVE \_\_\_\_\_

Do you have a preference of which team(s) you sponsor? Y N

If so, name of player/team/coach: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ (\$600 per Competitive for fall and spring season. Multiple sponsorship discount \$550 per Competitive for each team if more than one sponsorship is purchased).

If not full Sponsorship, Donation Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

In the box below, write out the name of your business the way you want it to appear and any special instructions:

Special Instructions: