

2023 smiledeep soccer tournament Saturday – November 11, 2023

SPONSORSHIP FORM

FULL EVENT SPONSOR			\$500
Logo and name of business will be recognized event title and have the maximum use and s underwrite the cost of the tournament, with the programs	ize logo recognition. Funds wil	be used to help generally	
□PRIZE SPONSOR			\$250
Logo and name of business will be recognized as marketing and general marketing and have t sponsorship. Funds will be used to help underwr as a general event sponsorship. Any unapplied soccer programs	he use and size logo recognit ite the cost of tournament prizes	ion relative to the level of s, with any remaining applied	
MARKETING/PROMOTION SPONSOR			\$125
Logo and name of business will be recognized positioning with the event marketing and general relative to the level of sponsorship. Funds will be and promotion. Any unapplied sponsorships will	eral marketing and have the use used to help underwrite the co	se and size logo recognition ost of tournament marketing	
CONCESSIONS SPONSOR			\$75
Logo and name of business will be recognized as prize marketing and general marketing and have sponsorship. Funds will be used to help under sponsorships will be considered a donation to The	ve the use and size logo recogn write the initial cost of concess	ition relative to the level of	
TEAM SPONSOR:			\$25
Name of team sponsoring:			
Open to sponsoring any team *If no teams need team a sponsor, the \$25 sponsorsh appreciation will be applied directly to The Center's s		event sponsor which with much	
GENERAL EVENT SPONSOR			\$
No designated sponsorship amount required. If correspond to the sponsorship level equal to or sponsorship will receive team sponsor level recognition at the event. Funds will be used to sponsorships will be considered a donation to The	directly below the sponsorship ognition, etc.). Sponsorships less help underwrite the cost of the	levels listed above (e.g., \$50 s than \$25 will receive name	
		Total Due: \$_	
Credit Card Information:			
Name on Credit Card:		Billing Zip Code:	
Credit Card No.:		Exp. Date:	
Front Desk Staff Use Only:			
Amount Due: \$	# of lunches purchased:		
Amount paid by (check one): CASH	CHECK (#)	CREDIT CARD	
Staff Initials Date			



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Sponsor's First Name	Last Name	Er	mail Address	Sex	
Legal Business Name, if applicable		Business Name Used for Marketing, if differen			
Mailing Address		City	State	Zip Code	
Business Telephone No.	Cellular 1	Cellular Telephone No.		Other Telephone No.	
Authorized Agent for Spon	soring Business o	r Individual:			
Signature	Print	ed Name	 Date		

THANK YOU SO MUCH FOR YOUR SPONSORSHIP