

Amount Paid: \$

Team Sponsorship

Thank you for supporting Longview Soccer Club. Your sponsorship provides the youth of Longview an opportunity to learn and enjoy recreational soccer. "Sponsoring Businesses" should be a family/youth-oriented establishment.

DO NOT MAIL CHECKS OR SPONSOR FORMS

Coaches should bring completed form & payment (cash, check, or money order) to the Coaches Meeting scheduled prior to each season (Spring Season Mid-March, Fall Season Mid-August). Forms & funds will be collected during the meeting so orders can be processed ASAP. Head Coach receives a FREE jersey as part of Team Sponsorship!

Assistant Coach(s) can also purchase a team jersey - see section below to order. payment and shirt size should be included when turning in this Form and Sponsor Payment in order to ensure it also arrives in time for first game

QUESTIONS?? NO PROBLEM – WE ARE HERE TO HELP!

Please text "I have a LSC Team Sponsor q	uestion" to (360) 442-8976 ~ messages will be responded to within 24 hours.
	SPONSOR NAME
Enter the name that you want to appear on the team jerseys. Name is limited to 2 lines, 13 characters per line (including spaces). Line 1:	
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Line 2:	
SPONSOR NAME Enter the name that you want to appear on the team jerseys. Name is limited to 2 lines, 13 characters per line (including spaces). Line 1:	
Address:	
Business Phone: ()	
Sponsor Contact Name:	Phone Number: ()
	SOCCER TEAM INFORMATION
Head Coach:	Coach Shirt Size:
Team Gender: □ Boys	
•	Additional shirts are:
·	in requesting additional shift
MAKE CHECKS on MONEY O	ADDEDC DAVABLE TO:
_	
	FOR OFFICIAL USE ONLY
Date Submitted/Paid:	Received By:

□Cash □Check, #: _____

■Money Order