

ALL-STAR SOCCER SPONSORSHIP APPLICATION

Mail to Contact:
JTAA Recreational Soccer
Attn: Director of Sponsorship
PO Box 3024
Tequesta, FL 33469

Company/Individual Name: _____

Address: _____

Contact: _____

Work Phone: _____ Home Phone: _____

Fax: _____

Email: _____

Name to appear on product or jerseys (*if different from Company name*):

Are you sponsoring your own child's team? Y N

If so child's name: _____ (Circle one) Boy Girl

Age group: _____

If you do not have a child in the league, please select which age group below you would like to sponsor:

U8Boys

U10Boys

U 12 Boys

U14 Boys

U8 Girls

U10Girls

U12Girls

U14Girls

Please make Checks payable to JTAA Soccer.

Signature: _____

Date: _____

Sponsorship Level: **\$250** (includes name on team jersey and placement on website)