

- Forms/Payments completed DURING the Division Meeting should be returned to the SPONSORSHIP box.
- Forms/Payments completed AFTER the Division Meeting should be scanned and sent to WUSASponsorships@hotmail.com.
- Email all artwork or logos to Kim Gentry & Monica Morales at WUSASponsorships@hotmail.com.
- **All artwork, logos, forms and payments must be received by 5pm on January 18, 2019.**



## 2019 TEAM SPONSORSHIP FORM

WUSA Team Sponsors receive their organization's name on the back of team jerseys, a jersey for your organization, a League Directory advertisement, recognition on the WUSA website, and an appreciation plaque.

### STEP 1: Determine which sponsorship PACKAGE you would like to purchase.

\_\_\_ Basic Team Sponsorship = \$800

\_\_\_ Package #1 - Team Sponsorship + 4x8 Donor Wall Tile = \$1,700 (\$100 savings off Team Sponsorship)

\_\_\_ Package #2 - Team Sponsorship + 8x8 Donor Wall Tile = \$3,000 (\$300 savings off Team Sponsorship)

### STEP 2: List the TEAM NAME and circle the DIVISION.

Team Name: \_\_\_\_\_ 6U    8U    9U    10U    12U    14U

### STEP 3: List the SPONSOR name as you would like it printed on the jersey and circle your JERSEY SIZE. Please note that all sponsorships received after Division Meetings will receive a size XL jersey.

Sponsor Name: \_\_\_\_\_

Jersey Size:    XS    S    M    L    XL    XXL

### STEP 4: Provide your contact information.

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

SPONSOR WEB PAGE URL: \_\_\_\_\_

### STEP 5: Indicate whether you will submit custom artwork or have WUSA create an ad using your logo.

\_\_\_ Custom ready art 4.5" x 7.5" ad submitted in black and white, portrait style, at least 300 dpi, .jpg file

\_\_\_ WUSA created 4.5" x 7.5" black and white ad with your company logo. In the space below, specify a custom message to put in the ad (for example: Subway Proudly Sponsors the Sharks!)

MESSAGE: \_\_\_\_\_

### STEP 6: Indicate your PAYMENT preference.

\_\_\_ Pay by credit card (An invoice can be sent to your email address, if you prefer.)

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ (mm/yy)

CVV CODE: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_

\_\_\_ Pay by check (If this form is completed during the Division Meetings, please attach a check to the form. Otherwise, contact WUSASponsorships@hotmail.com for mailing address. All checks are payable to WUSA.)