

# 2023 TEAM SPONSORSHIP



COUNTY WEST SOCCER ASSOCIATION  
[carol.reifsteck96@gmail.com](mailto:carol.reifsteck96@gmail.com)  
[countywestsoccer.net](http://countywestsoccer.net)

***Please return with your payment no later than May 1, 2023***

Business Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SPONSOR LOGO INFORMATION:

**ALL SPONSORS MUST COMPLETE THIS SECTION, EVEN IF THEY HAVE PREVIOUSLY SPONSORED!**

❶ IF YOU ARE A NEW SPONSOR—Does your business have a logo?  YES /  NO

If YES, please include a scannable copy of your logo with this form (the larger and cleaner the artwork, the better), or email vector art (EPS or AI) or a high resolution tif, pdf or jpg to Carol Reifsteck at [carol.reifsteck96@gmail.com](mailto:carol.reifsteck96@gmail.com). Low resolution gif and jpg files downloaded from websites are NOT acceptable. Email or call Carol at 815-370-3555 if you have questions.

If NO, please write out below the wording you would like to appear on the uniforms to represent your business:

\_\_\_\_\_

❷ IF YOU SPONSORED A TEAM PREVIOUSLY—Is it ok to reuse the artwork as is?  YES /  NO

If NO, please explain changes and/or provide new artwork (see instructions above): \_\_\_\_\_

\_\_\_\_\_

❸ Would you like the CWSA to purchase a sponsor plaque on your behalf, to display in your establishment?  YES  NO

## SPONSOR DIVISION AND PAYMENT INFORMATION:

**2023 AGE DIVISIONS:** **6U** (birth year 2019, 2018, 2017) **8U** (birth year 2016, 2015) **10U** (birth year 2014, 2013)  
**12U** (birth year 2012, 2011) **15U** (birth year 2010, 2009, 2008)

**CHOOSE YOUR SPONSORSHIP LEVEL and fill in the corresponding fee:**

**BASIC:** 1 team for \$295 *or*  **PREMIUM:** 2 teams for \$560 (5% discount) \$ \_\_\_\_\_

Complete the information below, where applicable...

I am willing to sponsor any age division:  YES  NO - If no...

Team 1 Child's name and age division \_\_\_\_\_

Team 2 Child's name and age division \_\_\_\_\_

**Please return this completed form with a check payable to CWSA to:**

County West Soccer Association, C/O Carol Reifsteck

411 S. 14000w Road • Herscher, IL 60941

**OFFICE USE ONLY**—DATE PAID IN FULL: \_\_\_\_\_ METHOD: CASH or CHECK # \_\_\_\_\_