



TEAM SPONSOR PACKAGE

FORM A

Single team sponsorships would include your company's name/logo on the team's uniforms for one season. Training Team sponsorships (flag football or volleyball) would include your company's logo on the back of training team shirts with additional logos. Participant numbers can range from 12-300 shirts. The fee for such sponsorships is **\$200** (per team/training team, per season).

Team	Sport (select the sport you wish to sponsor)	Season	Jersey Color (list your preferences)	Letter Color (list your preferences)
	A	<input type="checkbox"/> Soccer <input type="checkbox"/> *Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball <input type="checkbox"/> *Flag Football	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	1
2				2
3				3
B	<input type="checkbox"/> Soccer <input type="checkbox"/> *Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball <input type="checkbox"/> *Flag Football	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	1	1
			2	2
			3	3
C	<input type="checkbox"/> Soccer <input type="checkbox"/> *Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball <input type="checkbox"/> *Flag Football	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	1	1
			2	2
			3	3
D	<input type="checkbox"/> Soccer <input type="checkbox"/> *Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball <input type="checkbox"/> *Flag Football	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	1	1
			2	2
			3	3

* Color choices for Spring Baseball and Flag Football will not be accepted due to league uniform policies



FRONT



BACK

Soccer, Volleyball, *Spring & Fall Baseball teams Flag Football & Volleyball training team shirts. Will have multiple logos.

Guaranteed Deadlines for Submission

February 1 st	Spring Season: Soccer Baseball Softball
February 15 th	Flag Football Volleyball
May 1 st	Summer Season: Sand Volleyball and Training Teams
June 15 th	Fall Season: Soccer
July 15 th	Fall Season : Baseball Softball Flag Football Volleyball
October 15 th	Winter Season: Volleyball and Training Teams



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Sponsor Information (please print clearly)		<p>ATTACH LOGO HERE</p> <p>If you are submitting the package by mail please attach business card or logo</p> <p>If submitting digitally, send your logo to teamsponsor@lakotasports.org</p>
Business Name:		
Business Address:		
City:	Zip Code:	
Contact Name:		
Position:		
Work Phone:	Cell Phone:	
Email Address:		

<p>Please send this completed & signed sponsor form, including payment to:</p> <p>Lakota Sports Organization ATTN: Team Sponsor P.O Box 212 West Chester, OH 45071</p>	<ul style="list-style-type: none"> • LSO will match your child to your sponsored team unless the team already has a sponsor. You will be contacted if there is a problem with team placement. Please submit the sport registration form separately. • Uniform color choices may vary depending on availability and sport. Colors requested will be assigned on a first come, first serve basis. Color choices cannot be guaranteed. See above for additional information. • LSO Recreation uniforms will have the LSO logo on the front, upper left corner. Sponsored teams will have the sponsor's logo on a shirt as described above.
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I agree to sponsor _____ team(s) during the _____ season(s). I have enclosed a payment \$_____.

I agree to sponsor _____ training team(s) during the _____ season(s). I have enclosed a payment \$_____.

Total Sponsor Amount \$_____ Sponsor Signature _____ Date of Contract _____

Please check the following boxes if applicable:

I would like to receive an invoice for my sponsorship payment.

I would like to receive a receipt.

I have a child participating in a LSO program and would like them on my sponsored team.

Sport and Division _____ Child's Name _____ Child's Birth Date _____

FOR LSO OFFICE USE ONLY					
Date: _____	Payment \$: _____	Payment #: _____	Logo: _____	Invoice: _____	Plaque: _____