



SOUTH MISSISSIPPI SOCCER CLUB, INC.

POST OFFICE BOX 6035 GULFPORT, MS 39506

Team Sponsorship Form

*** Sponsor forms received before the uniform order has been placed will be able to select their team color. Any forms received after uniform order has been placed will have artwork/logo added to color already chosen by uniform coordinator. Business sponsors not affiliated with a team will be assigned a team by SMSC Rec coordinator. ***

To be filled out by Team Sponsor

Sponsor Name: _____ Sponsor Email: _____

Sponsor Phone: _____ Contact Person: _____

I hereby acknowledge and agree, as agent of such sponsor, that there is no copyright or license in any way affiliated with or related to the name, identity, logo, or artwork of such sponsor that will appear on our sponsored team's uniforms and in any documents or information in any way related thereto and the sponsor hereby agrees to waive, release, and indemnify SMSC and its agents and officers from any liability or claims in any way arising out of the use of such name, identity, logo, or artwork.

Sponsor Signature: _____ Date: _____

Name of Coach of Sponsored Team or of Player on Team: _____
Leave blank if SMSC is determining sponsored team

Team Sponsorship:	U4-U8 \$200	_____	U10+ \$300	_____
Team Premier Sponsorship	U4-U8 \$275	_____	U10+ \$395	_____ *

Premier sponsor includes ball purchase for team

Team Sponsor ELITE \$800 Includes a Field Sign Agreement & 10 balls for sponsored team _____

Nike Tiempo Jersey Color (Please indicate 1st, 2nd, 3rd choices):

<input type="checkbox"/>	White	<input type="checkbox"/>	Lt Blue	<input type="checkbox"/>	Red	<input type="checkbox"/>	Green
<input type="checkbox"/>	Black	<input type="checkbox"/>	Ryl Blue	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Purple
<input type="checkbox"/>	Grey	<input type="checkbox"/>	Nvy Blue	<input type="checkbox"/>	Pink	<input type="checkbox"/>	Gold

Artwork / Logo Information:

Logo will be on the front center of the jersey.

Numbers will be in black or white and match screening.

Logo and business web link will appear on SMSC website for a 12 month period.

Special Instructions: _____

Weblink: _____

Coach Signature: _____ Date: _____

Please make check payable to SMSC

Return to: SMSC P O Box 6035, Gulfport, MS 39506. Include:

(1) This fully completed form, (2) Sponsorship Check, and (3) any Graphics, Logos, or Artwork. Any questions or inquiries, or to submit by email, send to John Charman at execdirector.smssc@gmail.com or by phone at 228-563-0048

www.smsscoccer.com



To be filled out by Team Coach

Team Coach: _____ Coach Phone: _____ Jersey Size: _____

Team Age Group U- _____ Boys Girls Team Name: _