



OFFICIAL
NORTH AMERICAN
AFFILIATE

Parsippany Soccer Club
PO Box 212, Parsippany, NJ 07054
www.parsippanysoccerclub.org

*Parsippany Soccer Club is an IRS registered non-profit 501(c)3
tax ID #22-2203326*

April 16, 2019

Dear Friend,

The Parsippany Soccer Club is preparing for the upcoming **2019 Fall** and **2020 Spring** Intramural Soccer seasons and is seeking your help in sponsoring one (or more) of our teams. Our club relies heavily upon the generosity of local businesses and residents, like you, to support our players and our ever growing youth soccer program.

The cost to sponsor an Intramural Team is only **\$250.00 per season**. Your sponsorship enables us to subsidize the purchase of uniforms, equipment and training for the players and coaches on the team. It also provides you with the opportunity to have your business name (or the name of your choice) prominently printed on the front of the team's uniform.

Please complete the form below and mail it along with your check for \$250.00 payable to:

Parsippany Soccer Club
% Intramural Sponsors
P.O. Box 212
Parsippany NJ 07054

You can contact us via email at sponsors-director@parsippanysoccerclub.org if you have any questions or need additional information.

Thank you for supporting our program!

Yours in Soccer,

Andrew Ladas
Vice President of Intramural
Parsippany Soccer Club
andrew.ladas@parsippanysoccerclub.org

Mike Kells
Director of Sponsors
Parsippany Soccer Club
mike.kells@parsippanysoccerclub.org



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INTRAMURAL TEAM SPONSORSHIP FORM
FALL 2019

Name: _____

Company: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____ 2nd #: _____

Email: _____

Sponsor Name to Appear on Uniform

(to avoid spelling errors, please print clearly and in CAPITAL letters):

Preferences / Requests

*(Fill in the section below, **only** if you are requesting a specific player or age group)*

Player's Name: _____

	I-U07 Coed _____	<i>(ages 5 to 7)</i>
I-U09 Boys _____	I-U09 Girls _____	<i>(ages 7 to 9)</i>
I-U11 Boys _____	I-U11 Girls _____	<i>(ages 9 to 11)</i>
I-U13 Boys _____	I-U13 Girls _____	<i>(ages 11 to 13)</i>
I-U15 Boys _____	I-U15 Girls _____	<i>(ages 13 to 15)</i>
I-U19 Boys _____	I-U19 Girls _____	<i>(ages 15 to 18)</i>

Other Request: _____

FALL SPONSOR FORMS MUST BE RECEIVED BY JULY 15, 2019

SPONSORSHIP AVAILABILITY IS LIMITED, FIRST COME - FIRST SERVED

Please return this form and sponsorship check to:

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INTRAMURAL TEAM SPONSORSHIP FORM
SPRING 2020

Name: _____

Company: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____ 2nd #: _____

Email: _____

Sponsor Name to Appear on Uniform

(to avoid spelling errors, please print clearly and in CAPITAL letters):

Preferences / Requests

*(Fill in the section below, **only** if you are requesting a specific player or age group)*

Player's Name: _____

	I-U07 Coed _____	<i>(ages 5 to 7)</i>
	I-U09 Coed _____	<i>(ages 7 to 9)</i>
	I-U11 Coed _____	<i>(ages 9 to 11)</i>
I-U13 Boys _____	I-U13 Girls _____	<i>(ages 11 to 13)</i>
I-U15 Boys _____	I-U15 Girls _____	<i>(ages 13 to 15)</i>
I-U19 Boys _____	I-U19 Girls _____	<i>(ages 15 to 18)</i>

Other Request: _____

SPRING SPONSOR FORMS MUST BE RECEIVED BY FEBRUARY 1, 2020

SPONSORSHIP AVAILABILITY IS LIMITED, FIRST COME - FIRST SERVED

Please return this form and sponsorship check to:

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