



## SEMI-PRO FOOTBALL

### *Player Sponsorship Application*

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Application Date: \_\_\_\_\_

New Sponsor

Repeat Sponsor

### *Company / Sponsor Information:*

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

### *Sponsorship Package Includes:*

- Player's First and Last Name: (Company name will be announced with player during introductions at home games)

\_\_\_\_\_

- Company Name on Website: (Email logo to [sponsors@whalingcityclippers.com](mailto:sponsors@whalingcityclippers.com))

\_\_\_\_\_

- Website Link: (Please indicate your company's website address)

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*Cost: \$200.00 (Please make check payable to Whaling City Clippers)*

