

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

Dear Corporate Neighbor,

The Parsippany Soccer Club is preparing for the upcoming **2025 Spring** Intramural Soccer season and is seeking your help in sponsoring one (or more) of our teams. Our club relies heavily upon the generosity of local businesses and parents, like you, to support our players and our ever growing youth soccer program. As a good corporate neighbor you are promoting your brand and creating name recognition throughout our community. Your sponsorship will enable you to visit your team, meet the parents and coaches while you promote your business. We encourage you to attend games, provide promotional material, and reward your team's success. As a parent you may also consider sponsoring your child's team through your employer or with a creative name that your child will remember for years to come.

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. In addition, a team plaque will be presented to you after picture day and we encourage you to display it in your place of business.

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 at sponsors-director@parsippanysoccerclub.org or call me on my personal cell at 973-747-5617 if you have any questions or need additional information. Thank you for supporting our program!

Robert Peluso

Director of Sponsorships

VP of Finance

Parsippany Soccer Club

robert.peluso@parsippanysoccerclub.org

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INTRAMURAL TEAM SPONSORSHIP FORM
SPRING 2025

Name: _____

Company: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Sponsor Name to Appear on Uniform

(Please print clearly and in CAPITAL letters):

Preferences / Special Requests

*(Fill in the section below, **only** if you are requesting a specific player or age group)
Sponsorship Availability is limited and requests may not be fulfilled.*

Player's Name: _____

I-U07 Coed _____ *(ages 5 to 7)*

I-U09 Coed _____ *(ages 7 to 9)*

I-U11 Coed _____ *(ages 9 to 11)*

I-U13 Boys _____ I-U13 Girls _____ *(ages 11 to 13)*

I-U15 Boys _____ I-U15 Girls _____ *(ages 13 to 15)*

I-U19 Boys _____ I-U19 Girls _____ *(ages 15 to 18)*

Special Requests: _____

FALL SPONSOR FORMS MUST BE RECEIVED BY: March 31,2025

Please return this form and sponsorship check to:

Parsippany Soccer Club, c/o INTRAMURAL SPONSORS, P.O. Box 212, Parsippany NJ 07054