



PLAYER SPONSOR FORM

Please return to your team manager or sponsorship committee rep

Player Sponsorship Form

Player Name: _____

Team: _____

(Please specify Men's Football, Netball or Women's Football)

Sponsor's Name: _____

Sponsor's Business: _____

Sponsor's Contact Information:

- Phone: _____
- Email: _____
- Address: _____

Type of Sponsorship Package: (please tick one)

- \$250 Sponsorship Package
- \$500 Sponsorship Package

Sponsors Full Name

Signature

Date

An invoice will be sent to the sponsor once MFNC has received this form