

Blenheim Community Soccer League

Company Name:	
Contact:	
Phone:	
E-mail:	
How many teams would you like to spo	nsor?
Total owing:(# of teams x \$250)
Paid by:	(cheque #)
Do you have a specific team or age grousponsor:	•
(we will do our best to accommodate, b	
Please send this form and payment to:	Blenheim Community Soccer League Att: Travis Van Middelkoop 9274 Fairview Line Chatham, ON
	N7M 5J4