



Eclipse Soccer Sponsor Program

Sponsorship Application

Sponsor Name: _____

Contact Person: _____

Phone: _____ Email _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsorship Level: _____ Amount: \$ _____ Check#: _____

Please make checks payable to: Eclipse Soccer Club

Mail Check to: Eclipse Soccer Club
4638 Riverstone Blvd, Suite 200
Missouri City, Texas 77459

NOTE: If you would like to sponsor a particular team, please fill out this section:

Team Name: _____

Coach Name: _____

For questions or clarifications, please contact us at your earliest convenience.

Paul McCutcheon
Director
Sponsorship / Fund Raising
(832) 646-3194
pmccutcheon1@comcast.net