



**The 8<sup>th</sup> Annual  
Park City Extreme Soccer Tournament  
August 4-6, 2011  
2011 Tournament Sponsor Contract**



**PARK CITY SOCCER CLUB CONTACT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TEAM(S) TO RECEIVE CREDIT FOR THIS AD\*:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**\*SPONSOR MUST INDICATE TEAM(S) OR PLAYER(S) FOR FUNDRAISING CREDIT TO BE AWARDED; CREDIT MAY BE SPLIT BETWEEN 2 TEAMS.**

**PLEASE CHECK SPONSORSHIP LEVEL:**

- Title Sponsor      \$ 7,500      Ad: Double Truck (2 Full Pages) / 4-Color      Copy = 4.9" w x 7.5" t
  - Presenting Sponsor    \$ 5,000      Ad: Full Page / 4-Color (Back Cover)      Copy = 4.9" w x 7.5" t
  - Gold Sponsor          \$ 2,500      Ad: Full Page / 4-Color      Copy Area = 4.9" wide x 7.5" tall
  - Silver Sponsor        \$ 1,000      Ad: Half Page / 4-Color      Copy Area = 4.9" wide x 3.8" tall
  - Bronze Sponsor        \$ 750        Ad: Half Page / 4-Color      Copy Area = 4.9" wide x 3.8" tall
- Please contact us about displaying banners at venues during the Extreme Cup

**Ad SUBMISSION GUIDELINES:**

1. Ad materials must be submitted as a high res. PDF.
2. All embedded images (backgrounds, logos, photos) must be CMKY tifs or eps at 300 dpi.  
If a jpg is submitted, print quality will be very poor on final reproduction.
3. All colors used should be CMKY, no RGB or spot colors.

**SUBMIT SPONSORSHIP CONTRACT & PAYMENT TO:**  
Shelley Gillwald  
3136 Katies Crossing, Park City, UT 84098  
director@pcextremecup.com  
fax: 435.645.0621

**SUBMIT EPS LOGO & WEB LINK IMMEDIATELY  
AND ELECTRONIC AD NO LATER THAN 6/15 TO:**  
Sue Chapton  
graphics@pcextremecup.com

**Please write "PCEC Sponsor Materials" on subject line**  
**QUESTIONS ABOUT PRODUCING AN AD?**  
801.541.1353

**QUESTIONS ABOUT SPONSORSHIP OPPORTUNITIES?**  
435.901.3715

**PAYMENT :**     SEND INVOICE     CHECK ENCLOSED \*     CHECK ON ITS WAY\*     CREDIT CARD PROVIDED BELOW\*\*

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

\* MAKE CHECKS TO: PARK CITY SOCCER CLUB (PCSC); WRITE TOURNAMENT SPONSOR ON MEMO LINE.    \*\* AMEX, DISCOVER, MC & VISA ACCEPTED.