



OLDS MINOR LACROSSE ASSOCIATION

2025 Sponsorship Agreement

Thank you for supporting the Olds Minor Lacrosse Association (OLA)! Your sponsorship helps us provide quality programs, equipment, and opportunities for our young athletes. Please complete the information below to confirm your sponsorship.

SPONSOR INFORMATION

Business Name: _____
Contact Person: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____

SPONSORSHIP SELECTION *(Please check all that apply)*

- Division (Jersey) Sponsor - \$2000**
- Business name and/or Logo on the back of team jerseys
 - Signed team photo of the sponsored division
 - Exclusive spotlight on the OLA Sponsorship webpage & social media recognition
- Event Sponsor - \$750**
- Sponsorship of an engaging activity or prizes at festivals and playoff events
 - Exclusive recognition at the sponsored event
 - Recognition on OLA social media & logo on the sponsorship webpage
- Community Partner - \$250+**
- Supporting essentials such as equipment upgrades, tournament fees, floor rentals, reffing fees, and coaching development
 - Recognition on social media & website sponsor page
 - Logo on a banner displayed at all home games

SPONSORSHIP DETAILS

Brief description of what is being sponsored (if applicable):

Special Acknowledgment Requests (not guaranteed, subject to approval by OLA Board):



AGREEMENT TERMS

1. Sponsorship benefits will be provided as outlined in the selected tier.
2. Payment is due within 30 days of signing this agreement.
3. Sponsorship recognition for Event Sponsors and Community Partners will be valid for the 2025 season, whereas the Division Sponsors will be valid for the 2025 and 2026 seasons.
4. OLA reserves the right to approve sponsorship messaging and logo placements.
5. No refunds will be issued once sponsorship has been confirmed.

SIGNATURES

By signing below, the Sponsor agrees to the terms outlined in this agreement.

Sponsor Representative Name (print)

Sponsor Representative Signature

Date

Olds Lacrosse Association Representative Name (print)

Olds Lacrosse Association Representative Signature

Date

Payment Instructions: Please make cheques payable to **Olds Lacrosse Association**. For e-transfers or further inquiries, contact **oldslacrosstreasurer@gmail.com**

Thank you for your support!