

New Leaf Foundation



16041-G Johnston Rd, Suite 134 – Charlotte, NC 28277

(704) 544-2724 – Fax (704) 544-0952

New Leaf Foundation is a 501(c)(3) Non-Profit Corporation EIN #26-0330395

2nd Annual Soccer Clinic

Thomasboro Elementary School: July 8 – 10, 2009

Mission: To provide the opportunity for inner-city kids from low-income families to learn how to play soccer in a Christian environment.

Clinic instruction is by top area high school players and coaches. There is no cost for any of the kids to attend the clinic. Therefore all expenses must be covered by individuals and local businesses who wish to support our cause. All money raised over the actual expense of the clinic will go to the New Leaf Foundation. This non-profit organization provides financial, emotional, and spiritual support to families in inner-city Charlotte. We support our families with the basic necessities of life such as rent, utilities, and food.

Sponsorship: All sponsors will receive:

- Your name / logo on all soccer clinic T-shirts
- Your name / logo on our promotional banner,
- Your name will be mentioned on all press releases to media such as the Charlotte Observer, Charlotte Weekly, and Ballantyne Magazine
- Your name will appear on the **New Leaf Foundation** and **A Better World** websites
- You will have the satisfaction of knowing that your donation will help support our inner-city youth and their families.

Sponsorship Opportunities:

- Water Sponsor: **Diamond Springs Water**
- T-Shirt Sponsor: \$500 provides a t-shirt for each participant and instructor
- Equipment Sponsor: \$750 provides a soccer ball for each participant
- Banner Sponsor: \$150 pays for promotional banner
- Clinic Sponsor: Any donation is encouraged and appreciated but those of \$150 or more to support the clinic will receive full recognition.

If you would like to help sponsor the 2nd Annual New Leaf Foundation Soccer Clinic, please make your check payable to: New Leaf Foundation and send it to the foundation address above along with this completed form. At your earliest convenience, please email your 300 dpi, full color logo to the email address below. Thank you for your support!

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| Name: | |
| Address: | |
| Phone: | Fax: |
| Email: | |
| Amount: | |
| Sponsorship Type: <input type="checkbox"/> Equipment <input type="checkbox"/> T-Shirt <input type="checkbox"/> Banner <input type="checkbox"/> Clinic | |

