



'African-American Nations Cup'
1st Annual Soccer Tournament

SPONSORSHIP AGREEMENT

2024 Event Dates: July 6th to July 14th, 2024.

Tournament Start Dates/Start Time: (Noon) July 6th to July 14th, 2024:

Playoff Date/Start Time: July 13 and 14, 2024: 2:00pm

Tournament Location: Cooper Park, 5740 Cooper Road, Westerville, OH 43081

Playoff Location: Cooper Park, 5740 Cooper Road, Westerville, OH 43081

Team & Player Qualifications

8 TEAMS

DOUBLE ELIMINATION

Player Qualifications: MALES, Ages 18-35

Team Requirements: Team Roster Maximum 22 Players, Minimum 15 Players

Registration Cut-Off Date: Midnight, June 6, 2024

Marketing Reach

Community of African--American Soccer Players—Approximately 7000 Local Soccer Players

Promotional Outreach

Direct Flyers, Website Landing Page, Social Media Pages, Apex 1 Radio Station

Admission Fees

Admission is FREE for Tournament Games (July 6th & July 7th, 2024)

Admission is FREE for PLAYOFF Games (July 13 and 14th, 2024)

FREE for every spectator

SPONSORSHIP LEVELS

PLATINUM Cup: \$7,500 (Only ONE Platinum Cup Sponsor)

- Company Logo & Link on Tournament Landing Page
- Logo on Playoff Banner
- Rotating Logo on Playoff Scoreboard (Sunday)
- Mention on All Social Media Posts
- Company Logo on Winners Trophy
- 100 FREE Playoffs Invitees to watch the games

SPONSORSHIP LEVELS

GOLD Cup: \$5,000

- Company Logo & Link on Tournament Landing Page
- Logo on Playoff Banner
- Mention on All Social Media Posts
- 50 FREE Playoffs Invitees to watch the games

SPONSORSHIP LEVELS

SILVER Cup: \$2,500

- Company Logo & Link on Tournament Landing Page
- Mention on All Social Media Posts
- 25 FREE Playoff Invitees to watch the games

YOUR INFORMATION AND PAYMENT INFORMATION

Sponsorship Level _____ Sponsorship Amount _____

Contact Individual: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Credit Card:

____ American Express ____ Master Card ____ Visa ____ Discover

Card Number: _____

Expiration Date: _____ CCV _____ Billing Zip Code _____

Cardholder Name (PRINT) _____

Cardholder Signature _____

Note: Charge will appear on your credit card statement as African United Foundation, Inc.

Check - Checks can be made payable to: **African United Foundation, Inc. and mailed to African United Foundation Inc., PO BOX 297952, Columbus, OH 43229**



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Sponsorship Agreement
Guidelines & Standards of Conduct

1. **African United Foundation** has the right to determine the eligibility of any company and their right to participate in the Event. **African United Foundation has the right to limit the number of Sponsors in the same Sponsorship level.**
2. Once the agreement is signed and payment is received, NO REFUNDS will be issued.
3. All Sponsorships are honored on a first-come, written-agreement basis.
4. **Deadline for Sponsorship Agreement is midnight June 25, 2024.**
5. **African United Foundation** cannot guarantee the number of attendees at the 1st Annual African American Nations Cup Soccer Tournament.
6. NO REFUNDS WILL BE ISSUED due to a Natural Disaster, Government Mandate, or Act of Terrorism between the dates of June 20, 2024, and June 30, 2024, affecting the proximity surrounding Franklin County, Ohio.

By signing below, I acknowledge that I have read and accept the Sponsorship Guidelines and Standards of Conduct as outlined **by African United Foundation.**

Signature _____ Date _____

Printed Name _____ Title _____

