

SouthEastern Lacrosse Conference

2025 Conference Tournament Sponsor Form

To SouthEastern Lacrosse Conference Supporters

The SouthEastern Lacrosse Conference Tournament is looking for community partners! Through your involvement as an SELC Tournament partner, our student-athletes, coaches, and teams will benefit from the most well-run and grandest Men's Collegiate Lacrosse Association (MCLA) conference tournament in the country! Your advertising commitment will support the development and operation of the SELC Tournament that benefits all member teams. The SELC family sincerely appreciates and thanks you for your support!

Sincerely,
Matt Rambo
Tournament Director

WHITE SPONSOR (\$300+)

One Free Weekend Pass

Social Media and In-Game Shoutouts

Sponsor Designation on Athletics Website

BLUE SPONSOR \$500+

Two Free Weekend Passes

Sponsor Designation & Direct Link on SELC Website

Social Media and In-Game Shoutouts

GOLD SPONSOR \$1500

Four Free Weekend Passes

4x6 Banner Social Media and In-Game Shoutouts

Sponsor Designation & Direct Link on SELC Website

TITLE SPONSOR \$2500+

Four Free Weekend Passes

4x6 Banner

Social Media and In-Game Shoutouts

Sponsor Designation & Direct Link on SELC Website

If you have questions, please contact Matt Rambo 215-429-1247 or matthewrambo1@gmail.com

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Please Complete this order form/contract

Advertiser Name: _____

Contact Name: _____

Business Phone #: _____ Cell Phone #: _____

Billing Address: _____

City: _____ Zip: _____ Email: _____

Sponsor Level: ___ White ___ Blue ___ Gold ___ Title

Send this form along with check payable to Florida Prep Lacrosse, LLC: FL Prep Lacrosse

**304 Marsh Cove Dr
Ponte Vedra Beach, FL
32082**

If you have questions, please contact Matt Rambo 215-429-1247 or matthewrambo1@gmail.com



Credit Card Authorization Form

Please complete all fields. Your card will be charged for the amount you indicate on our Sponsorship Package form.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date