

**AC Brea Soccer Club SWEEPSTAKES ENTRY FORM**

**First Name:**

**Last Name:**

**Street Address:**

**City/Town:**

**US State:**

**Zip/Postal:**

**Email Address:**

**Phone Number:**

**How you heard about this sweepstakes:**

**Why you chose to enter via mail rather than make a donation:**

By providing your phone number and email address, you consent to being called, emailed, and/or receiving text messages.

Check this box if the number above is a mobile number

By checking this box I certify that I have met all eligibility requirements to enter, including being the age of majority in my state/province of residence, and I have read and agree to the Official Rules.

I acknowledge that I will receive occasional updates, special offers, and other information from the Sponsor and/or the partners of the Sponsor.

Print, complete, scan and email to:

BRIAN - [briani@ci.brea.ca.us](mailto:briani@ci.brea.ca.us)