

CORAL SPRINGS YOUTH SOCCER, INC.
P.O. Box 8014
Coral Springs, FL 33075
Telephone: 954-341-6391
FAX: 954-345-8481
Website: www.csys.org

OFFICIAL USE:	
Check#:	_____
Amount \$:	_____
Date:	_____

2009-2010 SPONSORSHIP AGREEMENT

EARLY PAYMENT DISCOUNT: \$275 sponsorship fee for one team (\$250 per team for multiple teams). Sponsorship form and payment must be delivered or postmarked by October 15, 2009.

The undersigned agrees to sponsor a Youth Soccer Team for a cost of \$325 for one team in the Coral Springs Youth Soccer Recreational Program for the 2009-2010 season. Teams within each age group are allocated on a *first-come, first-serve basis*, upon receipt of this Agreement and *payment in full*. The decision of the Coral Springs Youth Soccer, Inc. regarding team allocation shall be final.

Company Name _____ **E-Mail Address** _____

Contact Person _____ Home Phone _____

Company Street Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Company Web Site URL _____

NAME TO BE ENGRAVED ON SPONSOR PLAQUE:

PLEASE MARK AN X TO THE LEFT OF THE REQUESTED AGE GROUP

<u>GIRLS</u>	<u>BIRTH-DATE RANGE</u>		<u>BOYS</u>	<u>BIRTH-DATE RANGE</u>	
<input type="checkbox"/>	6 and Under	8/1/03 – 12/31/04	<input type="checkbox"/>	6 and Under	8/1/03 – 12/31/04
<input type="checkbox"/>	8 and Under	8/1/01 – 7/31/03	<input type="checkbox"/>	8 and Under	8/1/01 – 7/31/03
<input type="checkbox"/>	10 and Under	8/1/99 – 7/31/01	<input type="checkbox"/>	10 and Under	8/1/99 – 7/31/01
<input type="checkbox"/>	12 and Under	8/1/97 – 7/31/99	<input type="checkbox"/>	12 and Under	8/1/97 – 7/31/99
<input type="checkbox"/>	14 and Under	2/1/96 – 7/31/97	<input type="checkbox"/>	14 and Under	8/1/95 – 7/31/97
<input type="checkbox"/>	15 and Under	8/1/94 – 1/31/96	<input type="checkbox"/>	16 and Under	8/1/93 – 7/31/95
<input type="checkbox"/>	19 and Under	8/1/90 – 7/31/94	<input type="checkbox"/>	19 and Under	8/1/90 – 7/31/93

Please indicate the Name and DOB of the child associated with this sponsorship.

Child's Name _____ DOB _____ / _____ / _____

TEAM NAME TO BE PRINTED ON UNIFORM: (Maximum of 60 character spaces)

Head Coach Name: _____ Asst. Coach Name: _____

If a sponsor wishes to be teamed with a particular coach, your sponsor name MUST be requested by that particular coach on his/her coach's application.