



C.S.Y.S Sponsorship Levels

Coral Springs Youth Soccer • Tel: 954-341-639 • FAX: 888-600-7431

Office use only

Check # _____

Amount: \$ _____

Date: ____/____/____

Platinum	Gold	Silver	Bronze
Headline Link on www.csys.org	Teams Sponsored: 6	Teams Sponsored: 3	Teams Sponsored: 1
Sponsorship Plaque: 1	Sponsorship Plaque: 6	Sponsorship Plaque: 3	Sponsorship Plaque : 1
Flyers in coach packets	Name on team jersey: 6	Name on team jersey: 3	Name on team jersey: 1
Banner at park of your choice: 2	Link on sponsorship page www.csys.org	Link on sponsorship page www.csys.org	Link on sponsorship page www.csys.org
Logo on game schedules	Flyers in coach packets	Flyers in coach packets	\$295.00
Logo on sleeve of all CSYS jerseys	Banner at park of choice: 2	Banner at park of choice: 1	Bronze Level Only Prior to Sept 24 th 2011 \$285.00
\$5,000.00	Logo on game schedules	\$750.00	
	\$1,500.00		



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 _____ Email Address _____

Contact Person _____ Home Phone _____

Company Street Address _____ Work Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Company website URL <http://>_____

NAME TO BE ENGRAVED ON SPONSOR PLAQUE:



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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	8/1/05 – 12/31/06	<input type="checkbox"/>	6 and Under	8/1/05 – 12/31/06
<input type="checkbox"/>	8 and Under	8/1/03 – 7/31/05	<input type="checkbox"/>	8 and Under	8/1/03 – 7/31/05
<input type="checkbox"/>	10 and Under	8/1/01 – 7/31/03	<input type="checkbox"/>	10 and Under	8/1/01 – 7/31/03
<input type="checkbox"/>	12 and Under	8/1/99 – 7/31/01	<input type="checkbox"/>	12 and Under	8/1/99 – 7/31/01
<input type="checkbox"/>	14 and Under	2/1/98 – 7/31/99	<input type="checkbox"/>	14 and Under	8/1/97 – 7/31/99
<input type="checkbox"/>	15 and Under	8/1/96 – 1/31/98	<input type="checkbox"/>	16 and Under	8/1/95 – 7/31/97
<input type="checkbox"/>	19 and Under	8/1/92 – 7/31/96	<input type="checkbox"/>	19 and Under	8/1/92 – 7/31/95

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

NOTES

