



MERCED YOUTH SOCCER ASSOCIATION

A non-profit 501(c)3 corporation for organized youth soccer - EIN: 94-2626228

P.O. BOX 703 MERCED, CA 95341

(209)384-2417

www.mercedyouthsoccer.com Email: mercedyouthsoccer@hotmail.com

Team Sponsor Form

(If you are sponsoring more than one team, please use separate form for each team)

Business / Organization Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone Number: _____
Email: _____

TEAM SPONSORSHIP: (\$250.00 PER TEAM) **AGE GROUP:** (circle one)

UNDER:

6 girls	6 boys	18 Co-Ed
8 girls	8 boys	
10 girls	10 boys	
12 girls	12 boys	
15 girls	14 boys	No Preference

_____ I wish to sponsor a team for the upcoming season. (Any name other than the business name is subject to MYSA approval).

CHOOSE ONE:

Print Name as follows: _____

(PLEASE PRINT CLEARLY)

Use logo in file; if new sponsor, attach Camera Ready Artwork, or email to us

_____ I do not wish to sponsor a team, but will contribute \$_____ to benefit Merced's youth soccer program.

SPECIAL REQUESTS

**** ALL special requests are subject to MYSA Board approval ****

- A Sponsor may request ONE child be placed on the sponsored team only if the player is a family member of the Sponsor or someone directly connected to the sponsors business/organization (i.e. employee, member).

- **TEAM COLOR:** 1st Choice _____ 2nd Choice _____

Colors are assigned on first come/first serve basis. Depending upon availability, we will **try** to accommodate your color choice

Sponsor's Player Name Phone Number / / Birth Date Age Group

Name of Requested Coach Home Phone Number Work Phone

Name of Coach's Child / / Birth Date of Coach's Child Age Division

-----**FOR OFFICE USE ONLY**-----

Check # _____
Amount _____
Date _____
Rev'd By _____

Color _____	Age Group _____
Team # _____	Coach _____
Team Name _____	