



C.S.Y.S Sponsorship Levels

Coral Springs Youth Soccer • Tel: 954-341-6391 • FAX: 888-600-7431

Office use only

Check # _____

Amount: \$ _____

Date: ____/____/2017

Platinum

Headline Link on
www.csys.org

Sponsorship Plaque: 1

Flyers in coach packets

Banner at park of your
choice: 2

Logo on game schedules

Logo on **all** CSYS jerseys

\$6,000.00

Gold

Teams Sponsored: 6

Sponsorship Plaque: 1

Name on team jersey: 6

Link on sponsorship
page www.csys.org

Flyers in coach packets

Banner at park of
choice: 2

Logo on game schedules

\$1,500.00

Silver

Teams Sponsored: 3

Sponsorship Plaque: 1

Name on team jersey: 3

Link on sponsorship
page www.csys.org

Flyers in coach packets

Banner at park of
choice: 1

\$750.00

Bronze

Teams Sponsored: 1

Sponsorship Plaque : 1

Name on team jersey: 1

Link on sponsorship
page www.csys.org

\$325.00

Bronze Level Only
Prior to August 26th 2017

\$295.00



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 _____ Cell Phone _____

Company Street Address _____ Work Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Company website URL http://_____

NAME TO BE ENGRAVED ON SPONSOR PLAQUE:



C.S.Y.S Sponsorship Levels

P.O. Box 8014, Coral Springs, FL 33075

Tel: 954-341-6391 • Fax: 888-600-7431 Email: csysadmin@csys.org



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"/>	U06F	8/1/11 - 7/31/13	<input type="checkbox"/>	U06M	8/1/11 - 7/31/13
<input type="checkbox"/>	U08F	8/1/09 - 7/31/11	<input type="checkbox"/>	U08M	8/1/09 - 7/31/11
<input type="checkbox"/>	U10F	8/1/07 - 7/31/09	<input type="checkbox"/>	U10M	8/1/07 - 7/31/09
<input type="checkbox"/>	U12F	8/1/05 - 7/31/07	<input type="checkbox"/>	U12M	8/1/05 - 7/31/07
<input type="checkbox"/>	U14F	2/1/04 - 7/31/05	<input type="checkbox"/>	U14M	8/1/03 - 7/31/05
<input type="checkbox"/>	U15F	8/1/02 - 1/31/04	<input type="checkbox"/>	U16M	8/1/01 - 7/31/03
<input type="checkbox"/>	U19F	8/1/98 - 7/31/02	<input type="checkbox"/>	U19M	8/1/98 - 7/31/01

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

Child's Name _____ DOB ____/____/____

TEAM NAME TO BE PRINTED ON FRONT OF 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

