



C.S.Y.S Sponsorship Levels

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

Office use only

Check # _____

Amount: \$ _____

Date: ____/____/2020

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

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

\$1,525

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

\$775

Bronze

Teams Sponsored: 1

Sponsorship Plaque : 1

Name on team jersey: 1

Link on sponsorship
page www.csys.org

\$350

Bronze Level Only
Prior to Nov 6, 2020

\$325



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:

****DOUBLE SIDED FORM****



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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	8/1/13 - 7/31/15	<input type="checkbox"/>	U06M	8/1/13 - 7/31/15
<input type="checkbox"/>	U08F	8/1/11 - 7/31/13	<input type="checkbox"/>	U08M	8/1/11 - 7/31/13
<input type="checkbox"/>	U10F	8/1/09 - 7/31/11	<input type="checkbox"/>	U10M	8/1/09 - 7/31/11
<input type="checkbox"/>	U12F	8/1/07 - 7/31/09	<input type="checkbox"/>	U12M	8/1/07 - 7/31/09
<input type="checkbox"/>	U14F	2/1/06 - 7/31/07	<input type="checkbox"/>	U14M	8/1/05 - 7/31/07
<input type="checkbox"/>	U15F	8/1/04 - 1/31/06	<input type="checkbox"/>	U16M	8/1/03 - 7/31/05
<input type="checkbox"/>	19 &UF	3/7/2000 - 7/31/04	<input type="checkbox"/>	19 &UM	3/7/2000 - 7/31/03

Please indicate the *Name* and *DOB* of the child 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

