Check # _____

Amount: $_____

Date: ____/

C.S.Y.S Sponsorship Levels

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

Platinum	Gold	Silver	Bronze
Headline Link on www.csys.org	Teams Sponsored: 6	Teams Sponsored: 3	Teams Sponsored: 1
Sponsorship Plaque: 1	Sponsorship Plaque: 1	Sponsorship Plaque: 1	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	**$350**
Logo on **all** CSYS jerseys	Banner at park of choice: 2	Banner at park of choice: 1	
$6,000	Logo on game schedules	**$775**	
	$1,525		

NEW OPTION AVAILABLE: ORDER A SINGLE BANNER WITH COMPANY LOGO - $250. Email: csysadmin@csys.org for more information. Excellent exposure! Does not include team affiliation. Banner placement will be in either Mullins Park or North Community Park, based on availability as determined by CSYS and/or City of Coral Springs.

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 _____

Company website URL http://_____

Referred by CSYS Board Member (if applicable): _____

NAME TO BE ENGRAVED ON SPONSOR PLAQUE:

_____

Team Sponsorship Age Groups

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

	GIRLS	BIRTH-DATE RANGE
	U06F	8/1/18 - 7/31/20
	U08F	8/1/16- 7/31/18
	U10F	8/1/14 - 7/31/16
	U12F	8/1/12 - 7/31/14
	U15F	8/1/09 – 7/31/12
	20UF	3/2/2004 – 7/31/09

	BOYS	BIRTH-DATE RANGE
	U06M	8/1/18 - 7/31/20
	U08M	8/1/16- 7/31/18
	U10M	8/1/14 - 7/31/16
	U12M	8/1/12 - 7/31/14
	U14M	8/1/10 - 7/31/12
	U16M	8/1/08 - 7/31/10
	20UM	3/2/04 - 7/31/08

Please indicate the *Name* and *DOB* of the child associated with this sponsorship.
If the sponsor child is not related to you, parent must send permission via email to csysadmin@csys.org

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

_____

_____