



SACYSL
SOUTHERN ALAMEDA COUNTY YOUTH SOCCER LEAGUE

SPONSORSHIP FORM

DATE: _____

TEAM INFORMATION

TEAM NAME: _____ COACHES NAME: _____

TEAM NUMBER: _____ RECREATION/HOUSE ADVANCE HOUSE SELECT
(Circle one only)

AGE GROUP: U6 U8 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
(Circle one only)

GENDER: BOYS GIRLS MIXED
(Circle one only)

SPONSORS INFORMATION

SPONSORS NAME: _____
(As it should appear on the Appreciation Plaque)

SPONSORS ADDRESS: _____

CITY: _____ ZIP CODE: _____

CONTACT PERSON IN CASE OF QUESTIONS: _____

TITLE: _____ PHONE NO: _____

CHECK INFORMATION

SPONSORS CHECK NO. _____ AMOUNT OF CHECK: \$ _____ CHECK DATE _____

Please make check payable to: SACYSL
 Mail this form with your check to: SACYSL-TREASURER
 PO BOX 1536
 SAN LEANDRO, CA 94577

TAX EXEMPT NUMBER: 51-0145623

Important Note to teams: With your full sponsorship (\$250 & over) received by the league on or before October 15th, you will receive your sponsors appreciation plaque prior to your last game. All others received after the deadline, will receive their plaques after the last game of the season.

Revised 1-1-08