

Stoughton Youth Soccer

P.O. Box 234, Stoughton, MA 02072

Sponsorship Application: (circle one) **Spring** **Fall** **Year:** _____

Date: _____

Business Name: _____

Contact Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone #: _____ **Cell Phone #:** _____

E-Mail Address: _____

Website Address: _____

(A link to your website will be added to our website. Check here [] if you do not want the link to be added)

Company Logo – please email your company logo sized 728 x 90 pixels to info@stoughtonsoccer.org so we can display this on the league website.

A. I wish to sponsor a team: (circle one) **YES** **NO**

SPRING - I wish to sponsor an in-house team for \$200: **YES** **NO**

FALL - I wish to sponsor an in-house team for \$200: **YES** **NO**

If you desire to sponsor a specific player, please fill in the following:

Last Name: _____ **First Name:** _____

Date of Birth: _____ **Division:** (if known) _____

B. I wish to have an advertisement sign:

One season \$200: (circle one) **YES** **NO**

Two season (spring & fall) \$250: (circle one) **YES** **NO**

Sign creation cost is additional

C. I wish to make a cash donation: (circle one) **YES** **NO** **amount:** _____

IF you wish to sponsor multiple teams, please fill out multiple forms

Official use only

Division: _____ **Team #:** _____ **Coach:** _____ **Color:** _____

Confirmed by (SYSL rep): _____ **Date:** _____