



**Stamford Youth Soccer League
Sponsorship Application
146 Gaymoor Drive
Stamford, Ct 06907**

c/o Bob Pepi 203-322-5455 email: bobpepi@aol.com

Please print all requested information:

Sponsor Name (as you want it on the team shirts):

Address: _____

City: _____ **Zip:** _____

Contact Person: (print) _____

Phone: _____ **Email:** _____

Check the requested season/seasons:

A) Any single season:

- 1) Fall Outdoor # of teams _____ x \$300/team _____
- 2) Spring Outdoor # of teams _____ x \$300/team _____
- 3) Winter Indoor # of teams _____ x \$150/team _____
- 4) All Three Seasons # of teams _____ x \$700/team _____

B) Fall and Spring # of teams _____ x \$550/team _____

C) Fall and Winter # of teams _____ x \$450/team _____

If you wish to sponsor a particular child or coach you must fill in below:

1) Player name: _____

2) Player birthdate: ____/____/____

3) Coach name (if applicable): _____

Sponsor preferences are awarded on a "first come first served" basis.

Please return this form completely filled out to the above address.

Make checks payable to: "Stamford Youth Soccer League".

We are a non-profit organization.

(rev. 2/11)