

Searcy Youth Soccer Association - Sponsor Registration

Business/Sponsor Name: _____

Contact Person: _____

Contact Address: _____

Contact Phone Number: _____

Contact Email Address: _____

Type of Sponsorship: (**Receipts provided upon Request**)

Team (\$200 per team)

Number of Sponsored Teams: []

Name to Print on Uniforms: _____

Should a Player be assigned to Sponsored Team? **YES / NO**

(**Competition Rules do not allow for more than **1** assigned player per team**)

Team #1 League Type: **COED / GIRLS**

Birth Date:

Name: _____

Team #2 League Type: **COED / GIRLS**

Birth Date:

Name: _____

(**Attach Additional Sheets if necessary**)

U7+ Field (\$5,000 for 10 years)

MICRO Field (\$3,000 for 10 years)

Other (Materials/General Donations)

Sponsorship Comments: _____

Please mail completed form and check (payable to **SYSA**) to:

SYSA
C/O Benjamin Balogh, Secretary
308 Crain Drive
Searcy, AR 72143

Questions or Comments Contact:

Benjamin Balogh

SYSA Secretary

501-339-1160

ben@benbalogh.com

Robert West

SYSA Field Manager

501-268-2178

searcysoccerman@yahoo.com

Scott Biddle

SYSA President

501-278-5509

scott.biddle@sbcglobal.net