



# ★ CAMDEN YOUTH LEAGUE, INC. ★ 2025 Sponsor Application

Business/Organization Name:

Type of Business/Organization:

Point of Contact:

Phone::

Mobile/Direct::

E-Mail:

Web:

Street Address:

City, State, Zip:

## **Sponsorship Options:**

- ☐ \$300 – (1) Single Team Sponsorship  
☐ \$500 – (2) Two Team Sponsorship (\$100 Discount)  
☐ \$700 – (3) Three Team Sponsorship (\$200 Discount)

## **Sponsorship ADD-ON Option:**

- ☐ \$250 – Single Season Advertisement Banner (\$250 Discount)

## **Other Options:**

- ☐ \$500 – Single Season Advertisement Banner (*Stand Alone Sponsorship*)      ☐ General Donation/Any Amount Donation Amount: \$ \_\_\_\_\_

## **Preferred Spring Soccer League(s):**

- ☐ 4U Soccer (3-4 Yr. Old)      ☐ 6U Soccer (5-6 Yr. Old)      ☐ 9U Soccer (7-9 Yr. Old)      ☐ 12U Soccer (10-12 Yr. Old)  
☐ 15U Soccer (13-15 Yr. Old)      ☐ 19U Soccer (16-19 Yr. Old)      ☐ No Team Preference

## **Sponsor's children who will be playing in our League for the 2025 season:**

*We will make every attempt to place sponsor's children on the sponsor's team unless otherwise requested.*

Name	Birth Date	Team#	Name	Birth Date	Team#

☐ Please bill me for the selected sponsorship option at the address indicated above.

☐ I have enclosed a check for the selected sponsorship option (*please include your business name on your check*).

## **Please send completed application to:**

Camden Youth League – P.O. Box 9, Camden, NC 27921 -OR- Email: CamdenYouthSponsors@gmail.com

Authorized signature:

Date: