



★ CAMDEN YOUTH LEAGUE, INC. ★

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:

- \$160 – Single Season Advertisement Banner

Other Options:

- \$250 – 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 current season:

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

Name	Birth Date	Division	Name	Birth Date	Division

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: Sponsor.CYL@gmail.com

Authorized signature:	Date:
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