



Team Sponsorship

Thank you for supporting Longview Soccer Club. Your sponsorship provides the youth of Longview an opportunity to learn and enjoy recreational soccer. "Sponsoring Businesses" should be a family/youth oriented establishment. Complete this form and submit with payment on or before the date stated below.

Please do not mail checks or sponsor forms.

Questions? ... Please email cysaregistrars@gmail.com

Sponsor Form & payment is due:

**For the Fall Season: Mid-August at the LSC Coaches Meeting
For the Spring Season: Mid March at the LSC Coaches Meeting**

SPONSOR NAME

Enter the name that you want to appear on the team jerseys.
Name is limited to 2 lines, 13 characters per line (including spaces).

Line 1: _____

Line 2: _____

SPONSOR INFORMATION

Address: _____

Business Phone: _____

Sponsor Contact Name: _____ Phone Number: _____

Sponsors will have their business name on back of team jerseys (as listed above) **AND** will receive a team plaque.
Head Coach will receive a free team jersey (with sponsor name on back).

SOCCER TEAM INFORMATION

Head Coach: _____

Coach Shirt Size: _____

(**ONE** COACH SHIRT – FREE W/ Team Sponsor)

Team Gender: Boys Girls

\$150.00 Sponsorship for: U6 U7 U8

\$200.00 Sponsorship for: U9 U10

\$275.00 Sponsorship for: U11 U12 U13 U14

**Additional shirts are:
\$20.00 for Jersey Shirt**

**If requesting additional shirts,
please list sizes here:**

MAKE CHECKS PAYABLE TO:

Longview Soccer Club or LSC

FOR OFFICIAL USE ONLY

Date Submitted / Paid: _____

Received By: _____

Amount Paid: \$ _____ Cash Check, #: _____