



# SCCYSC Sponsor Form

## Competitive Teams

Administrative Use Only

Date Received \_\_\_\_\_  
Check # \_\_\_\_\_  
Team # \_\_\_\_\_

### Sponsor Information

Sponsor Name \_\_\_\_\_

Sponsor Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Team Information

Sponsor a player, coach, or specific team: \_\_\_\_\_

I would like to sponsor team(s) in the following age groups:

- |                              |                              |                                  |                                     |
|------------------------------|------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> U8  | <input type="checkbox"/> U12 | <input type="checkbox"/> U16     | <input type="radio"/> Sharks (Boys) |
| <input type="checkbox"/> U9  | <input type="checkbox"/> U13 | <input type="checkbox"/> U19     | <input type="radio"/> Jaws (Girls)  |
| <input type="checkbox"/> U10 | <input type="checkbox"/> U14 | <input type="checkbox"/> Any Age | <input type="radio"/> Any           |
| <input type="checkbox"/> U11 | <input type="checkbox"/> U15 |                                  |                                     |

### Designation

Amount: \_\_\_\_\_

Tournament Fees

Team Fees

### Payment Information

Please mail application and check  
(checks payable to SCCYSC) to:

SCCYSC  
Janet Dautre  
PO Box 2039  
Santa Cruz, CA 95063

Questions? Contact the Sponsor Coordinator at [sponsors@santacruzsoccer.com](mailto:sponsors@santacruzsoccer.com)