

Rcvd _____ Check# _____ Amount _____ Flight _____ Night _____



2023 Soccer Sponsorship

Crawford County Youth Soccer Association
P.O. Box 641, Meadville, PA 16335



C.C.Y.S.A. is about to embark on its 41st year of soccer! The financial support given by civic-minded businesses and individuals like you enable us to keep registration fees affordable to all. We invite you to sponsor a C.C.Y.S.A. soccer team or field for 2023.

Sponsorships are available for \$200 for the first team and \$175 for subsequent teams. Please return this letter with a check made payable to C.C.Y.S.A. and please return by March 1st.

We are also offering the opportunity to sponsor a field. For \$200 we will make a banner with your organization's logo to hang on the soccer goal of one of the fields during the duration of the season.

Number of Team Sponsorships: (circle) 1 2 3

Number of field Sponsorships: (circle) 1 2

Use Previous Logo: (check) Yes Email new logo to
ccysa.contact@gmail.com

Sponsor Name(s):

Please attach logo information if a logo is needed:

Contact Person: _____ Phone: _____

Address:

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Is there someone in your organization who is interested in coaching
your team or being a team parent?

Coach's name _____
Phone number _____ Address _____

Asst. Coach's name _____
Phone number _____ Address _____

Team Parent Name _____
Phone number _____ Address _____

Only the child of a sponsor/coach/assistant coach/team parent will be assigned to that team. No other team requests will be considered. Please indicate the child's name(s) on the appropriate line(s) below and circle appropriate playing nights, so we can attempt to match your son or daughter to your sponsoring team.

PLEASE NOTE: Children listed below must be registered through our website (www.ccysa.org/registration) and registration payment received, independent of this sponsorship form, by the registration deadline!!!

Year of birth	Age group/Night Circle night	Age Group/Gender (Age as of Dec. 31, 2023)	Child's Name
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* Willing to sponsor any age group to meet the needs of the areas youth _____

2018-2019	U 6 M/W T/TH	4 & 5 year old/COED: _____	_____
2016-2017	U 8 M/W T/TH	6 & 7 year old/COED: _____	_____
2014-2015	U 10 M/W T/TH	8 & 9 year old/COED: _____	_____
2011-2013	U 13 T/TH	10, 11 & 12 year old GIRLS: _____	_____
2011-2013	U 13 M/W	10, 11 & 12 year old BOYS: _____	_____
2006-2010	U 18 T/TH	13 - 17 year old GIRLS: _____	_____
2006-2010	U 18 M/W	13 - 17 year old BOYS: _____	_____

If you have any questions, please contact us at ccysa.contact@gmail.com. Thank you in advance for supporting a very worthwhile endeavor.
Sincerely,

David Kuhn
C.C.Y.S.A. President