



**SOUTH COUNTY YOUTH SOCCER CLUB**  
148 High Street, Unit 1, Wakefield, RI  
Phone: 401-782-8200  
Email: SCYSC1@gmail.com

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## 2018/2019 FALL/SPRING RECREATIONAL PROGRAM SPONSORSHIP FORM

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

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**Desired Sponsorship Level:**

- 1 team for \$250 (Fall '18 only) \_\_\_\$400 for Fall '18 and Spring, 2019
- 2 teams for \$450 (Fall '18 only) \_\_\_\$800 for Fall '18 and Spring, 2019
- 3 teams for \$600 (Fall '18 only) \_\_\_\$1000 for Fall '18 and Spring, 2019
- 4 teams for \$700 (Fall '18 only) \_\_\_\$1200 for Fall '18 and Spring, 2019

**Indicate business name exactly as you wish it to appear on the uniform:**

\_\_\_\_\_

**If you would like to sponsor a particular age group, please indicate it below:**

\_\_\_\_\_

**If you have a child playing in the Fall '18 or Spring '19 House/Recreational Program, please indicate their name below and we will place your child on your sponsored team.**

\_\_\_\_\_

Kindly return this form with your check payable to the South County Youth Soccer Club by April 27<sup>th</sup>.

Send your logo in jpeg, jpg or gif format to scysc1@gmail.com by **April 30<sup>th</sup>** as well.

**Thank you for your generous support!!**

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