



Sponsorship Form

Laurel Youth Soccer Club

Fall 2019 Recreational League Sponsorship

Sponsorship Form

Name _____

Billing Address _____

City, State, Zip Code _____

Phone # _____

Email _____

Sponsorship total of \$_____: Team Sponsorship Donation (no team sponsorship)

How many teams would you like to sponsor? 1 team-\$175 2 teams-\$350
 3 teams-\$525 4 teams and up- \$700

Does LYSC have a PDF or JPEG of your logo? If not, please email one to us.

LYSC has our logo We will email our logo

Please list any questions or special request you may have (i.e. particular player{s} on your team, specific coach, age group, color jersey, etc.):

Signature(s) _____ Date _____

Please make checks payable to:

Laurel Youth Soccer Club

PO BOX 464

Laurel, MT 59044

help@laurelstormsoccer.org