Please print clearly and fill out entire form.

Sponsor Name	Contact Na	me			
Address	City		State	Zip _	
Phone Number	Alternate P	hone Numb	oer		
Email	Would you	like to recei	ive our new	sletters?	Yes N
Sponsor Level:					
1 Team \$200					
Child associated with team					
Coach					
Color Choice #1					
Color Choice #2					
2 Teams \$400					
Child associated with team					
Coach					
Color Choice #1					
Color Choice #2					
3 Teams \$600					
Child associated with team					
Coach					
Color Choice #1					
Color Choice #2					
If you would like to design your own wording for the front girardyouthsoccerleague.com no later than June 1st.	of the jerseys	please em	ail it to		
All sponsor forms must be in by June 5th. Please mail to	PO Box 36 Gii	ard, Ohio 4	4420		
GYSL is now a 501(c)3 corporation so all of your donation	ons are tax dec	luctible.			
If you have any questions please email girardyouthsocce	erleague@yah	oo.com			
DO NOT WRITE BEL	_OW – GYSL U	SE ONLY			
Fee Paid \$ □ Cash □ Check #	Rec'd. By	· · · · · · · · · · · · · · · · · · ·	Date		-