



ERIE YOUTH SOCCER ASSOCIATION
3718 West Lake Road * ERIE, PA 16505
(814) 835-2185 *www.erieyouthsoccer.org

1) BUSINESS, ORGANIZATION OR INDIVIDUAL INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____ PHONE: () _____
EMAIL ADDRESS: _____
NEW SPONSOR: _____ RENEWING SPONSOR _____

2) SPONSORSHIP SELECTION:

\$135.00 - ONE 6-A-SIDE OR 8-A-SIDE TEAM

AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

\$225.00 - TWO 6-A-SIDE OR 8-A-SIDE TEAMS

TEAM 1 AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

TEAM 2 AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

\$160 - ONE FULL SIZE TEAM

AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

\$275.00 - TWO FULL SIZE TEAMS

TEAM 1 AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

TEAM 2 AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

\$250.00 - ONE 6-A-SIDE OR 8-A-SIDE TEAM AND ONE FULL SIZE TEAM

TEAM 1 AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

TEAM 2 AGE GROUP* _____ EYSA AREA (1ST CHOICE) ** _____ (2ND CHOICE) ** _____

*AGE GROUPS SELECTION:

6-A-SIDE TEAM AGE GROUPS 5/6 YEAR OLDS, 7/8 YEAR OLDS
8-A-SIDE TEAM AGE GROUPS 9/10 YEAR OLDS
FULL SIZE TEAM AGE GROUPS 11/12 YEAR OLD GIRLS, 11/12 YEAR OLD BOYS
13/14/15 YEAR OLD GIRLS, 13/14/15 YEAR OLD BOYS

**E.Y.S.A AREA CHOICES (REFER TO E.Y.S.A. MAP ON BACK OF THIS FORM)

3) TEAM NAMES (THE TEAM NAME WILL BE PRINTED ON THE UNIFORMS.

Sample -->



I.E. "XYZ COMPANY KICKERS":) Nicknames will be assigned if not provided.

TEAM 1 _____
Requested Shirt Color: (No Black, White, or Bright Green) _____

TEAM 2 _____
Requested Shirt Color: (No Black, White, or Bright Green) _____

Shirt color requests are limited to availability by shirt provider, and only one of each color per age group playing area

4) PAYMENT METHOD: PAYMENT ENCLOSED (CK#) _____ Amount \$ _____ or Bill _____

5) SPONSOR PREFERENCES:

I WOULD LIKE THE FOLLOWING PLAYER ASSIGNED TO THIS TEAM IF POSSIBLE

NAME: _____ BIRTHDATE: _____

IT SHOULD BE UNDERSTOOD THAT THE ABOVE PREFERENCES WILL BE HONORED UNLESS PRIOR LIMITATIONS OR COMMITMENTS PREVENT THE LEAGUE FROM ASSIGNING AS REQUESTED.

PLEASE SIGN AND RETURN FORM BY APRIL 1ST

ALL SPONSOR PAYMENTS MUST BE RECEIVED BY MAY 1ST

SIGNED _____ DATE _____

WHITE COPY: LEAGUE

YELLOW COPY: AREA DIRECTOR

PINK COPY: SPONSOR COPY