

**SPONSORSHIP FORM**

**WINTER HAVEN YOUTH SOCCER ASSOCIATION  
P.O. BOX 1905  
WINTER HAVEN, FL 33884-1905**

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME OF SPONSOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**COLOR CHOICE: 1<sup>ST</sup> CHOICE** \_\_\_\_\_ **2<sup>ND</sup> CHOICE** \_\_\_\_\_

**Logo must be sent with the sponsorship money as we have a new printer. Please submit logo on 8.5 X 11 paper.**

**We will do our best to accommodate colors, but may need to make alternate choices according to availability and conflicts within age groups.**

**Send Check for \$345 made payable to WHYSA to the above address.**

**For more information call Allan Langford @ (863)287-6777**

**The WHYSA board will allow the combining of sponsors and coaches with their children.**

**Sponsor's Player** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Coach** \_\_\_\_\_ **Coach's player** \_\_\_\_\_ **DOB** \_\_\_\_\_