



CCSL SPONSORSHIP FORM

Company Name _____

Company Address _____

Point of Contact Name _____

Point of Contact Phone _____ Point of Contact Email _____

Sponsorship Level

Starter (\$500) Pro (\$1,000) Premier (\$5,000) Other _____

Please make all checks out to **Clarke County Soccer**.

Return check and form to:

Clarke County Soccer League
Attn: Treasurer
P.O. Box 720
Berryville, VA 22611

You can also return the form via email to:

treasurer@clarkesoccer.org

Admin use only

Date Received: _____

Check #: _____

Amount: _____