

Mason SAY Sponsor Form

Season: Spring / Fall

Year: _____

Forms must be postmarked by Dec 1st. for Spring Seasons and June 1st for Fall Seasons

Business Name: _____ **Phone Number:** _____

Address: _____ **Contact Name:** _____

Please enter the number of teams you would like to sponsor in the appropriate spaces provided:

Division	Number of Teams	Division	Number of Teams
Instructional (coed) (age 5)	_____	Seniors (coed) (age 16-18)	_____
Boys Passers (age 6-7)	_____	Girls Passers (age 6-7)	_____
Boys Wings (age 8-9)	_____	Girls Wings (age 8-9)	_____
Boys Strikers (age 10-11)	_____	Girls Strikers (age 10-11)	_____
Boys Kickers (age 12-13)	_____	Girls Kickers (age 12-13)	_____
Boys Minors (age 14-15)	_____	Girls Minors (age 14-15)	_____

**** In the event that there are no teams in the in the Division of your choice, or all of the teams in the Division already have a Sponsor, your sponsorship will go to a team with the same gender, in as close an age as possible.**

Color Choices:

Note: All shorts are BLACK

1 st Choice Color of Shirt: _____	1 st Choice Color of Socks: _____
2 nd Choice Color of Shirt: _____	2 nd Choice Color of Socks: _____

****Note** If you are a new sponsor or if you wish to use a new logo, please enclose the logo or art work. If there is no logo or artwork, BLOCK lettering will be assigned.**

Will you have a child or children playing Mason S.A.Y. this coming season? Yes: _____ No: _____

If Yes, name of child or children and the division(s) in which they are playing: _____

Do you plan on coaching the team you are sponsoring? Yes: _____ No: _____

****Mason SAY Policy on Sponsors Requesting a Specific Coach**:** SAY USA rules prohibit us from allowing a sponsor to request a specific head coach, with the following exceptions:

- 1) The head coach does not have an assistant coach;
- 2) The head coach, assistant coach or sponsor does not have a child on the team;
- 3) The sponsor is the head or assistant coach.

In order to adhere to SAY rules in this matter, it is Mason SAY's policy to require all pairing up of sponsors and head coaches to be requested **by the head coach.**

Payment Due:

Team @ \$100.00/team \$ _____

Each additional Team @ \$95.00/team \$ _____

Total \$ _____

Check enclosed Please bill me

Please make checks payable to Mason S.A.Y.

Mail To: Sponsor Coordinator
Mason SAY
PO Box 28
Mason, Oh 45040