



## Carlisle SAY Soccer

P.O. Box 8254

Carlisle Ohio 45005

www.carlisesaysoccer.com

### SPONSOR REGISTRATION FORM

The support of our TEAM SPONSORS makes our program possible for the youth of our community  
THANKS FOR YOUR SUPPORT!

\$200.00 Company Name on Shirt

PLEASE CHECK ONE OF THE FOLLOWING:

Plaque at end of year     Picture only

NO Plaque/picture required

#### PLEASE PRINT FOLLOWING INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Web Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Please send any new artwork or business cards with application**

Name on TEAM SHIRT \_\_\_\_\_

Preferred Shirt Color \_\_\_\_\_

(SHIRT COLOR CHOICES CANNOT BE GUARANTEED)

Make checks payable to: CARLISLE SAY SOCCER

FOR OFFICE USE ONLY

PAID BY:  CASH  CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_