

CVSA Sponsorship Form

Sponsor's Name: _____

SEASON (Circle one): Spring Fall Both

Age Group Desired (Circle one): 6 7 8 9 10 11-12 13-14 15-16 Any

PARAMETERS FOR SCREEN PRINT OF SPONSOR NAMES W/LEAGUE LOGO

1. League logo may appear in any location – not to exceed 3" in diameter.
2. Sponsor names to fit in a rectangle of 2 – ¾" X 11 – ¼".
3. All names not to exceed two (2) lines.
4. Single line names and short names will be maximized to fill the rectangle.
5. All names will be of block style print in one color ink.

Use one block for each letter or character in the name. Start at the upper left. Names will be centered regardless of number of letters. If names are two or more words, use both lines as name is to appear. Be sure to leave blank space between words as needed. Any character in a space will appear in the print.

- *OPTION: Add Logo - email logo (screen print ready PDF or JPEG) to sponsor.cvsasoccer@gmail.com*
- *OPTION: Name of player/coach to put on this team: _____*

NEW - Sponsorship for one season - one team is \$125.00:

NEW - Sponsorship for multiple teams paid in one season - first sponsorship \$125.00, each other sponsorship is \$100.00

Please send this form and a check, ASAP: to:

CVSA
PO Box 49
Horseheads, NY 14845
Contact: Lori Holloway – (607)742-9247

REMEMBER: *YOUR CHECK IS YOUR RECEIPT. NO CASH PLEASE!!!*

Sponsor Contact

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email Address: _____

OFFICE USE ONLY

Date Rec'd. _____

Amt. Rec'd. _____

Check No. _____