TRI-CITIES SOCCER ASSOCIATION
P.O. Box 477
St. Charles, Illinois 60174
630/377-1101
FAX: 630/377-2022
E-Mail: tcsa@att.net

MAIL TO:

Tri-Cities Soccer Association
P.O. Box 477
St. Charles, Illinois 60174

OFFICE USE ONLY

SPRING TEAM # _____

AMOUNT PAID $ _____ DATE _____

CHECK NUMBER _____

Make your checks payable to: Tri-Cities Soccer Association (DUE BY February 11, 2011)

SPONSOR APPLICATION Spring 2011

SPONSORSHIP $125.00

Includes:

Sponsor Name will be placed on back of Players Shirts
Sponsor will receive a Team Picture mounted on a Plaque
TCSA Website Advertising

FILL IN INFORMATION BELOW

DO YOU WANT A **TEAM ROSTER & SCHEDULE SENT TO YOU? YES_____ NOT NECESSARY_____**
PLEASE INDICATE THE NUMBER OF TEAMS YOU WISH TO SPONSOR_____

PLEASE PRINT

Business Name _____

Address _____

City _____State _____Zip Code _____

Phone Number _____/_____ Contact _____
E-Mail

Please fill in the blocks as you would like the back of your team shirts to read. Maximum of 20 letters per line.

YOUR CHILD OR CHILDREN YOU ARE SPONSORING SHOULD BE LISTED BELOW. IF YOUR CHILD IS NOT PLAYING ON THE TEAM, YOU ARE LIMITED TO SPECIFYING NO MORE THAN ONE CHILD PER TEAM

CHILD'S NAME	BIRTHDATE	SCHOOL	BOYS	GIRLS
			U06	COED
			U07	U08
			U09	U10
			U12	U14