

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 10, 2012)

SPONSOR APPLICATION Spring 2012

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