



**VESTAL RECREATIONAL YOUTH SOCCER ASSOCIATION**  
 Affiliated with NYSWYSA, USYSA, USSF and the Federation Internationale de Football Assoc. (FIFA)  
<http://www.vrysa.org>

**Sponsor Contract**

Please complete the form in its entirety so we can accommodate all special requests and include address information so team plaque can be delivered at end of season.

**Please PRINT legibly and answer all questions:**

Corporate Name: \_\_\_\_\_

Team Name (if different) : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Can we publish the sponsor's name in VRYSAs's web site: ( ) Yes ( ) No

Sponsor's Web Address : \_\_\_\_\_  
 (OPTIONAL: URL for VRYSAs's Web site to link)

**Special Requests:** (Player's name and/or color of T-shirt if available, please make 1<sup>st</sup>, 2<sup>nd</sup> 3<sup>rd</sup> choice of shirt color)

**Available Colors:** Red - Green - Purple - Orange - Blue - Gold - Pink - Black - Silver Other(if available)

Age division of Year of Birth (circle division):	<u>BOYS</u>	<u>GIRLS</u>	<u>CO-ED</u>
			2011
	07-08	07-08	2012
	09-10	09-10	13/14
			02/06

I, the undersigned, agree to sponsor \_\_\_\_\_ (enter number of teams) team(s) in the Vestal Recreational Youth Soccer Association for the 2018 season at the cost of \$125.00 per team.

\_\_\_\_\_  
 (Print Authorized Name)

\_\_\_\_\_  
 (Authorized Signature)

\_\_\_\_\_  
 (Date)

**PLEASE RETURN CONTRACT & SPONSOR FEE TO:**

**BECKY MERGES  
 420 PINECREST RD.  
 VESTAL, NY 13850  
 765-2886**

**MAKES CHECKS PAYABLE TO VRYSAs**

**FOR VRYSAs USE ONLY**

Check # \_\_\_\_\_

Date received \_\_\_\_\_

Date deposited \_\_\_\_\_