

Sponsor Form

Aptos Soccer Club

Name of Sponsor: _____

Person to Contact: _____

Phone: _____

Address: _____

Business Name: _____

(Business name you want to appear on uniform. Name on uniform cannot be guaranteed after Aug. 18th)

***We cannot guarantee you will be able to sponsor the team you request.
Sponsorship does not guarantee placement on a particular team.***

Age Group:

U8 _____ U10 _____ U12 _____ U14 _____ U16 _____ UN19 _____ Other _____

Boys: _____ Girls: _____

Name of Player to be Included on Team: _____

Please specify whether you want a Plaque or Letter of Appreciation:

Plaque _____ or Letter _____

Please make checks payable to **Aptos Soccer Club** for \$250.00.

Please send check and sponsorship form to:

Aptos Soccer Club
P.O. Box 1136
Aptos, CA 95001-1136

*Affiliated With
Santa Cruz County Youth Soccer League
California Youth Soccer Association
U.S. Soccer Federation*