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Recreational Sponsorship Form

Date: _____

Company Sponsor Name: _____

Sponsor Contact Person: _____

Sponsor Company Address: _____

Sponsor Company Phone Number: _____

Do you want to sponsor a specific team? Yes _____ No _____

If yes:

Coach's Name: _____

Age Group: _____ Gender: _____

** For Coaches use only **

Make check payable to: _____

_____ Pick up the check from the LYSA/CSC office

_____ : Contact Phone Number (LYSC/CSC office will call when check is ready for pick up)

Or

_____ Receive the check by mail

Contact Address: _____

All donations are tax deductible. A receipt with the company's tax ID number is available upon request.