

# 2009 FALL RECREATIONAL SOCCER SPONSORSHIP APPLICATION

Mail to Contact:  
JTAA Recreational Soccer  
Attn: Director of Sponsorship  
PO Box 3024  
Tequesta, FL 33469

Company/Individual Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Name to appear on jerseys (*if different from Company name*):

\_\_\_\_\_

Are you sponsoring your own child's team?    Y    N

If so child's name: \_\_\_\_\_ (Circle one)    Boy    Girl

Age group: \_\_\_\_\_

Do you have a coach preference?    Y    N

If so coach's name: \_\_\_\_\_

*If you do not have a child in the league, please select which age group below you would like to sponsor:*

U6Coed    U8Boys    U10Boys    U 12 Boys    U14 Boys

U8 Girls    U10Girls    U12Girls    U14Girls

U16 Coed    U18 Coed

***Please make Checks payable to JTAA Soccer for the amount of \$300 per team.***

***This form must be completed and mailed no later than July 1, 2009.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_