



TVYSA

SPRING SEASON 2012 TEAM SPONSORSHIP FORM

SPONSORS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE / EMAIL: _____

SPECIAL SHIRT COLOR REQUEST: _____

(Request will attempt to be granted, but are not guaranteed)

DATE SENT: _____

- Please attach business card to be used in program or email logo to:
president_2012@tvysa.org
- In order to guarantee your company's name on team jersey for the Spring 2012 season, please return form, sponsorship money, & company logo by **MARCH 8TH, 2012**.
- Please make checks payable to:

TVYSA (TEAYS VALLEY YOUTH SOCCER ASSOCIATION)

P.O. BOX 271

ASHVILLE, OHIO 43103

Should you have any questions, please call any board member:

KATHERINE DEAN, PRESIDENT (740) 703-7538

JOHN BOWLING, VICE PRESIDENT (614) 746-9451

EVAN DAVIS, TREASURER (614) 327-8990

CHRIS FLEMING, SECRETARY (740) 983-9190