



Dear Community Member:

Thank you for taking the time to consider sponsoring our youth soccer program. The Kingsburg Youth Soccer League (KYSL) is a 501(c)(3) non-profit organization that provides recreational and competitive soccer programs for the youth of our community. KYSL is proud of what has been accomplished in the last few decades, with the generous help from our great business partners.

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| There are 3 options available for sponsorship: | Tax ID: 77-0504902 |
| Field Sponsor \$750 | Includes: 7' Feather Flag field marker personalized with your business logo or family name and placed on the field as an identifier; business information listed on KYSL website for the life of the flag; team sponsorship and personalized team plaque. |
| Gold Team Sponsor \$275 | Includes: Business or family name printed on back of team jersey and personalized team plaque. |
| Player Sponsor \$125 | Covers player registration fee for a family in need |

KYSL would not be as successful as we are without the financial support of business owners and community members like yourself. Donations and sponsorships are needed to help sustain our programs, and allows us to continue to offer quality soccer opportunities to our local youth. Please take a moment to consider how far your sponsorship goes, and don't hesitate to reach out to us should you have any questions about the process. **Sponsorships are due by July 10th.** Thank you for supporting Kingsburg Youth Soccer with your tax-deductible sponsorship!

You can mail your sponsorship payment to:
Kingsburg Youth Soccer League
P O Box 401
Kingsburg, Ca 93631

Sincerely,

Board of Directors
Kingsburg Youth Soccer League



**KINGSBURG YOUTH SOCCER LEAGUE
SPONSORSHIP FORM**

Sponsor Name/Business: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Email Address: _____

| | |
|-----------------------------------|--|
| Please choose your Sponsor Level: | |
| Field Sponsor: \$750 | |
| Gold Team Sponsor: \$275 | |
| Player Sponsor: \$125 | |

Sponsor's Name on Back of Jersey: _____

Child's Name & DOB: _____

Coach/Assistant Coach: _____

For League Use Only:

Payment Amount: _____ Method of Payment: _____ Check #: _____

Date: _____ Received By: _____