## **Mason SAY Sponsor Form**

Business Name:  Phone Number:		Contact Name:		
				Please enter the number of tec
Division	Number of Teams	Division	Number of Teams	
Instructional (coed) (age 4-5)		Kickers (coed) (age 13-14)		
Boys Passers (age 6-7)		Girls Passers (age 6-7)		
Boys Wings (age 8-9)		Girls Wings (age 8-9)		
Boys Strikers (age 10-11)		Girls Strikers (age 10-11)		
sponsorship will go to a team with the sc			ne Division already have a Sponsor, your	
Color Choices:  1 st Choice of Shirt Color:		1 <sub>st</sub> Choice of Sock Color:		
2nd Choice of Shirt Color:		2 <sub>nd</sub> Choice of Sock Color:		
Will you have a child or children pla		-	BLOCK lettering will be assigned.	
Children Playing (include Division):				
Do you plan on coaching the team y	you are sponsoring?			
* * Mason SAY Policy on Sponsors R head coach, with the following exceptions		<b>Coach * *</b> : SAY USA rules prohibit us	s from allowing a sponsor to request a specific	
<ol> <li>The head coach does not have an a</li> <li>The head coach, assistant coach or s</li> <li>The sponsor is the head or assistant of</li> </ol>	sponsor does not have a	a child on the team.		
In order to adhere to SAY rules in this marequested <b>by the head coach</b> .	atter, it is Mason SAY's p	policy to require all pairing up of s	sponsors and head coaches to be	
Payment Due:			Please make checks payable to Mason S.A.Y.	
One team @ \$125.00/team. Each add  Total:	litional Team @ \$100.00	O/team Mail To:	Sponsor Coordinator Mason SAY	
			PO Box 28	
Check end	:losed		Mason, OH 45040	
Please bill me		·	orm to Mason SAY at soccertruc@aol.com or to the PO Box with your check!	