



# ***SPONSORSHIP FORM***

Sponsor/Company Name: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## ***LEVEL OF SPONSORSHIP (CHOOSE ONE)***

**ALL-STAR \$3,000.00**

**HAT-TRICK \$1,000.00**

**ROOKIE \$ \_\_\_\_\_**

Please make all checks payable to: Waukegan Youth Soccer Association

Mail checks to: 351 N. Oakwood Ave, Waukegan, IL 60085

Email logo to: [info@waysoccer.org](mailto:info@waysoccer.org)

**Deadline is March 15th, 2026**