



RAYSA BOARD USE ONLY

Date approved:
Sponsorship effective date:
Check payment #
Board member name:

Date:

RINGGOLD AREA YOUTH SOCCER ASSOCIATION SPONSORSHIP FORM

THIS FORM CAN ALSO BE FOUND ONLINE AT [HTTPS://WWW.RINGGOLDAYSA.ORG](https://www.ringgoldaysa.org)

LAST NAME FIRST NAME MIDDLE INITIAL

EMAIL ADDRESS

COMPANY OR ORGANIZATION

MAILING ADDRESS (NO. AND STREET, OR BOX NO.)

CITY STATE ZIP CODE

PHONE NO. FAX NO.

COMPANY/FAMILY NAME AS IT SHOULD APPEAR ON WEBSITE: _____

COMPANY WEBSITE ADDRESS: _____

SPONSORSHIP AMOUNT: \$ _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

PAYMENT:

ENCLOSED IS A CHECK OR MONEY ORDER FOR THE TOTAL AMOUNT INDICATED, PAYABLE TO: RINGGOLD AREA YOUTH SOCCER ASSOCIATION

- CONTACT THE RAYSA BOARD AT SUPPORT@RINGGOLDAYSA.ORG TO DISCUSS A SPONSORSHIP OPPORTUNITY FURTHER.
- THIS COMPLETED OFFICIAL SPONSORSHIP FORM AND PAYMENT WILL NEED SUBMITTED IN-PERSON TO A RAYSA BOARD MEMBER OR BY MAIL TO:
RINGGOLD AREA YOUTH SOCCER ASSOCIATION, PO BOX 22, NEW EAGLE, PA 15067
- FOLLOWING REVIEW AND APPROVAL BY THE BOARD, WE WILL CONTACT YOU FOR COMPANY/ORGANIZATION LOGO AND/OR OTHER ADDITIONAL INFORMATION NEEDED.

THANK YOU FOR SUPPORTING THE YOUTH IN OUR COMMUNITY!