

# Searcy Youth Soccer Association - Sponsor Registration

*Business/Sponsor Name:*

---

*Contact Person:*

---

*Contact Address:*

---

*Contact Phone Number:*

---

*Contact Email Address:*

---

*Type of Sponsorship:* (\*\*Receipts provided upon Request\*\*)

Team (\$200 per team)

---

*Number of Sponsored Teams:* [   ]

*Name to Print on Uniforms:*

---

*Should a Player be assigned to Sponsored Team?*    **YES / NO**

(\*\*Competition Rules do not allow for more than **1** assigned player per team\*\*)

---

*Team #1*                      *League Type:*    **COED / GIRLS**

*Birth Date:*

*Name:*

---

*Team #2*                      *League Type:*    **COED / GIRLS**

*Birth Date:*

*Name:*

---

(\*\*Attach Additional Sheets if necessary\*\*)

U7+ Field (\$5,000 for 10 years)

MICRO Field (\$3,000 for 10 years)

Other (Materials/General Donations)

---

*Sponsorship Comments:*

---

*Please mail completed form and check (payable to **SYSA**) to:*

**SYSA**  
C/O Benjamin Balogh, Secretary  
308 Crain Drive  
Searcy, AR 72143

*Questions or Comments Contact:*

Benjamin Balogh

SYSA Secretary

501-339-1160

[ben@benbalogh.com](mailto:ben@benbalogh.com)

Robert West

SYSA Field Manager

501-268-2178

[searcysoccerman@yahoo.com](mailto:searcysoccerman@yahoo.com)

Scott Biddle

SYSA President

501-278-5509

[scott.biddle@sbcglobal.net](mailto:scott.biddle@sbcglobal.net)