

# SPONSOR REGISTRATION FORM

Sharonville Youth Organization  
P.O. Box 62224, Sharonville, Ohio 45262

Name of business: \_\_\_\_\_

Name of owner: \_\_\_\_\_

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

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

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

Authorizing Signature: \_\_\_\_\_

Contact person within SYO: \_\_\_\_\_

Sponsorship is for calendar year: \_\_\_\_\_

Support Type	Season	Sport	Cost per Team	Number of Teams	Total Cost
Sponsor	Spring	Baseball	\$ 200.00		
Sponsor	Spring	Softball	\$ 150.00		
Sponsor	Spring	Teeball	\$ 100.00		
Sponsor	Fall	Inst. Soccer	\$ 100.00		
Total:					

Please make checks payable to: "Sharonville Youth Organization"

Date: \_\_\_\_\_

Check No. \_\_\_\_\_

Company name/logo:

	Yes	No
Letterhead submitted?		
Or logo art submitted?		
Logo already on file with SYO?		

Special notes: \_\_\_\_\_

\_\_\_\_\_

Child on Team? \_\_\_\_\_ Child's Name: \_\_\_\_\_

Coach's name if known: \_\_\_\_\_