



CCYSA
PO Box 573
Denton, MD 21629
Tax ID 26-1681059

Spring / Fall 2024

Dear Business/ Organization Sponsor,

CCYSA is an organization that serves Mid-Shore youth and teaches them the fundamentals skills of soccer at an affordable cost. We have been organizing rec soccer for years in Caroline County and its bordering area of Queen Anne's, Talbot, Dorchester, and the State of Delaware. We offer programs for kids ranging from 3 to 13 years old with seasons having 300-500+ kids enrolled.

We are reaching out to our community partners and requesting sponsorships so that we can keep fees low and offer scholarships to kids who could not otherwise afford to play soccer. With your tax-deductible donation, your business will be sponsored by our program in a variety of ways.

Thank you for your anticipated support of our community and its youth. If you have any questions or concerns, please email them to CcysaVicePresident@gmail.com

Sincerely,
CCYSA Board

Please complete the form and mail checks payable: CCYSA - PO Box 573, Denton, MD 21629.

Business Name: _____
Contact Person & Telephone: _____
Email Address: _____ Business Website: _____
Check Amount Paid: _____

Food Vendor Opportunities:

	Food Vendor for 2024 Spring Season (Set up to sell at games)	\$300
	Food Vendor for 2024 Fall Season (Set up to sell at games)	\$500
	Food Vendor for 2024 Spring and Fall Season (Set up to sell at games)	\$700

General Opportunities:

	Field Sponsor for 2024 Spring or Fall Season (Signage at field)	\$100/season
	Tournament Sponsor for 2024 Fall Season (Signage at tournament)	\$75/season
	Player Scholarship Fund for 2024 Spring or Fall Season	\$100/player
	Donation for organizational needs (equipment, etc)	\$ (Fill in)

Team Sponsorship Opportunities:

	Team Sponsorship for 2024 Spring Season (Name on jersey)	\$300/team
	Team Sponsorship for 2024 Fall Season (Name on jersey)	\$500/team
	Team Sponsorship for 2024 Spring and Fall (Name on jersey)	\$700/team

Business Name to appear on Jerseys: _____
Specific Player/Team/Coach Requested: _____

If your selected sponsorship level is currently filled up, we will apply your level to player scholarship unless stated otherwise here: _____

**** This form only applies to the 2024 Seasons ****