

# 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 with 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: \_\_\_\_\_

Letterhead submitted?  
Or

logo art submitted?  
Logo already on file with SYO?

Yes	NO

Special Notes: \_\_\_\_\_

\_\_\_\_\_

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

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