

**Aptos Soccer Club**  
**P.O. Box 1325**  
**Aptos, CA 95001**  
**(831) 688-8501**  
**SPONSOR SIGN-UP FORM**

**SPONSOR NAME:** \_\_\_\_\_  
(Business name to appear on uniforms)

**WEB SITE** \_\_\_\_\_  
(If you'd like your web site underneath your business name on the uniform)

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**AGE GROUP** U6\_\_\_ U8\_\_\_ U10\_\_\_ U12\_\_\_ U14\_\_\_ U16\_\_\_ U19\_\_\_

**LEAGUE** Rec\_\_\_ Div 3\_\_\_ No Preference\_\_\_

**BOYS**\_\_\_\_\_ **GIRLS**\_\_\_\_\_

**Name of player to be included on team:** \_\_\_\_\_

**Please specify whether you would like a plaque or letter at the end of the season**

**Plaque**\_\_\_\_\_ **Letter**\_\_\_\_\_

**STANDARD**\_\_\_\_\_ **or ENHANCED**\_\_\_\_\_

**\$250.00 \$500.00**      **Please include business website if applicable**\_\_\_\_\_

- **Please make checks payable to APTOS SOCCER CLUB for \$250.00 or \$500.00**  
**and mail with this form to the above address**

**Tax ID #770167320**