



**SPONSORSHIP CERTIFICATE INFORMATION FORM  
DELAWARE YOUTH SOCCER ASSOCIATION  
OLYMPIC DEVELOPMENT PROGRAM (ODP)**

PLEASE RETURN TO PLAYER BY: MARCH 1, 2012

Please PRINT or TYPE legibly!

SPONSOR'S NAME: \_\_\_\_\_

SPONSOR'S ADDRESS: \_\_\_\_\_

SPONSORSHIP AMOUNT: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

FEMALE: \_\_\_\_\_ MALE: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

PLAYER'S ADDRESS: \_\_\_\_\_

PLAYER'S EMAIL: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

DAY PHONE NUMBER: \_\_\_\_\_ EVENING # \_\_\_\_\_

Players must mail checks to administration BY MARCH 15th

DYSA ODP  
PO Box 11045  
Wilmington, DE 19850

Be sure to include in Check Memo 1.) Player's Name 2.) B or G (Boy or Girl) 3.) Player's Birth Year.

Example: Jane Doe G-1998

Players must mail Sponsorship Certificate information forms BY MARCH 15th

DYSA ODP  
PO Box 11045  
Wilmington, DE 19850