

SPONSORSHIP CERTIFICATE INFORMATION FORM

DELAWARE YOUTH SOCCER ASSOCIATION

**OLYMPIC DEVELOPMENT PROGRAM (ODP)**

**PLEASE RETURN TO PLAYER BY: MARCH 1, 2008**

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**

Mary Ann McKenna  
39 Oakcrest Dr  
Dover, DE 19901

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-1991

**Players must mail Sponsorship Certificate information forms BY MARCH 15th**

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Dover, DE 19901