



West Michigan Youth Soccer Association MSPSP Sponsorship Application

List all teams which will be playing indicated season

Submitting Club: _____ Season: _____ Year: _____

	Team Name	Gender	Age	Coach	Previous Season
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Sponsoring Club Official: _____ Title: _____

_____ Date: _____

Complete, Save as "Club Name MSPSP Sponsorship" & email to

Communications@wmysa.org