



# Cabot Youth Football

## TEAM SPONSORSHIP FORM YEAR \_\_\_\_\_

### Business Information

Business Name		Name on Uniforms	
Address			
City		State	Zip Code
Business Website		<input type="checkbox"/> Link to my website from the CYFA website!*	

\* email your logo to [executivecommittee@cabotyouthfootball.com](mailto:executivecommittee@cabotyouthfootball.com)  
 \* our uniform vendor will contact you for a logo if needed for their file

### Contact Information

Contact Name	Contact Phone
Contact Email	

### League Preference (number in order)

Mini Campers (5 & 6 Yr. Olds)	Rookies (7 & 8 Yr. Olds)
Semi-Pros (9 & 10 Yr. Olds)	Pros (11 & 12 Yr. Olds)
<input type="checkbox"/> No preference, please use my sponsorship where needed most.	

### NFL Team Preference

First Preference
Second Preference
Third Preference
<input type="checkbox"/> Please assign me to a league where I can have my highest available team preference.
<input type="checkbox"/> No preference.

\* team preferences are not guaranteed

### Comments

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CYFA Use Only

<input type="checkbox"/> Paid	Check Number	<input type="checkbox"/> Cash	Team Assigned
Coach Assigned		League Assigned	