



SPONSORSHIP FORM

Date: _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Phone: (_____) _____

This donation to Nevada Youth Soccer Association ODP Program is being made on behalf of:

Player's Name: _____

Player's ODP Age Group: _____ Male / Female (Circle)

If the player's indicated financial needs are met I request:

_____ My contribution is applied to the ODP scholarship program.

_____ My contribution is applied to the ODP Program.

Please make checks payable to **Nevada Youth Soccer Association ODP** and mail this form to:

Nevada Youth Soccer Association/ODP
5650 W. Charleston #13
Las Vegas, NV 89146

If you have any questions, please call the Nevada Youth Soccer Association at (702) 870-3024.