

# 2016 CYSL SPONSOR



Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ I would like to sponsor my child's team  
Name of Child/Children: \_\_\_\_\_

\_\_\_\_\_ Enclosed is a check made payable to CYSL for \$200

Please send check to: P.O. BOX 694 Fort Bragg, Ca, 95437

**On behalf of our league and players we thank you for your  
generosity and sportsmanship.**

CYSL is a 501 C-3 non-profit Tax ID 68-0017033