



West Michigan Youth Soccer Association

Fall/Spring Automatic Premier Sponsorship Application



Application will not be accepted prior to June tryouts

Submitting Club: _____

Seasonal Year: _____

You must indicate which season(s) you are requesting sponsorship for							
	Team Name	Gender	Age	Coach Name	License	Fall	Spring
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Current fees can be found on our website wmysa.org

Sponsoring **Club** Official Signature: _____

Print Name and Title: _____

Date: _____

Complete & email to WMYSA Administrator Ann Michaels at ann.michaels@wmysa.org, with copy to Dana Pope at dana.pope@wmysa.org