



West Michigan Youth Soccer Association



APPLICATION FOR **NEW** PREMIER TEAM SPONSORSHIP BY WMYSA

Sponsoring Club Name: _____

Team Name as Specified in GotSoccer: _____ Gender: _____

Age Group for Upcoming Season: _____ Age Group played in Previous Year: _____

Head Coach Name: _____ License: _____ Phone #: _____

Head Coach Address: _____

Head Coach Email Address: _____

Local Referee Assignor Name: Gerry Ouellette Email: gwo73mg@aol.com

New Team Registration Fee: See Fee Page on website Early Pass Card Request: _____

List all outdoor tournaments played in last two years (including State Cup, Jr State Cup) as well as record, and how far team advanced (e.g. Won, lost in finals, lost in semi-finals, etc.)

Attach addition information if necessary

Tournament Name	Start Date	Record	Comments

WMYSA Past Performance/Record

Season	Division	Won	Lost	Tied

General Comments for Consideration:

Print Name & Title: _____

Date: _____

Complete, Save As "Club Name Sponsorship Form" & email to premier@wmysa.org