



Prescott YMCA Youth Volleyball League 2024 Sponsorship Application

Thank you for choosing to support the James Family Prescott YMCA Youth Volleyball League. Please be sure to fill out this application *completely*, so that we may best serve you.

Sponsoring Organization / Family _____

Address _____

City _____ State _____ Zip _____

Work # _____ Fax # _____ Home # _____

Contact Name(s) _____

Email _____

Previous Sponsor: Yes No

If you answered *no*, how did you hear about this opportunity? _____

Name as you would like it to appear on team jerseys _____

Name of team / coach you wish to sponsor _____

Name of child you wish to play free _____

Please complete a separate form to register your child.

Age Division(s) you wish to sponsor:

Division A: Coed 13-17

Division B: Coed 9-10 Coed 11-12 Coed 13-17

YMCA Chooses: no team, age, or division preference.

\$200.00 Team Sponsorship

Company/Family name on team shirts

Team photo, schedule, plaque

One child plays free

Tax deductible

Name listed on YMCA website