



Team Sponsor Form

Business Name _____ Phone Number _____

Address _____

City _____ Zip _____

Team Sponsoring _____

Coach's Name _____

Sponsorship Amount \$ _____

Circle the division of team (B – Boys G-Girls)

B - Clinic B - U8 B - U9 B - U10 B - U12 B - U14 B - U16 B - U18
G - Clinic G - U8 G - U9 G - U10 G - U12 G - U14 G - U16 G - U18

Please submit form and tax deductible check to:

“CHSA” (Canyon Hills Soccer Association). **Tax ID 95-3332321**

Please mail to: CHSA, P.O. Box 17042, Anaheim, Ca 92817-17042

Please contact Becky Thomas if you have any questions.

beckykthomas@yahoo.com

Thank you for your support!

www.chsasoccer.com