



TEAM ADVERTISEMENT PACKAGE INFORMATION SHEET

Advertiser: _____

Advertiser Contact: _____

Street or P O Box: _____

City, State, Zip: _____

Phone (Day): _____ (Night): _____

E-mail: _____

Player whose team you wish to advertise with: _____

Age group (i.e. U/10 girls): _____

The team's coach gets first choice to advertise the team. Then the league will try to give you a team in the same age group.

Fall Recreational Team: \$150.00 _____

Spring Recreational Team: \$100.00 _____

Both: \$225.00 _____

Competition Team: \$250.00 _____

Super – Advertiser - Fall \$2500.00 _____

Super - Advertiser – Spring \$2000.00 _____

Thanks for your Support!

Mailing Address: CBS Soccer, P O Box 540241, Merritt Island, FL 32954