



Space Coast United Soccer Club
P.O. Box 410301
Melbourne, FL 32941
spacecoastsoccer.org

PLAYER SPONSORSHIP FORM

Sponsor Information

Individual or Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Website: _____

Contact Name: _____ Contact Phone: (____) _____

Contact Email: _____

Authorizing Signature: _____ Date: _____

Player Sponsorship Amount \$ _____

Player Name: _____

Date of Birth: _____

Payment Information

Please make checks payable to "SCUSC" or "Space Coast United Soccer Club"

If mailing a check, please include this form in the envelope to ensure we properly credit the funds to the correct player's account.