SPONSOR FORM 2025-26

_____ YES I WOULD LIKE TO BE A SPONSOR FOR THE 2025-26 SYTBB SEASON
THE ANNUAL FEE IS $400.00 FOR THE SEASON

NAME OF SPONSORING COMPANY

CONTACT NAME

ADDRESS

CITY STATE ZIP CODE

CONTACT PHONE #

EMAIL ADDRESS

_____ IF POSSIBLE I WOULD LIKE TO SPONSOR MY DAUGHTER'S TEAM

_____
DAUGHTER'S NAME

_____ I DO NOT HAVE TO SPONSOR THE TEAM MY DAUGHTER IS ON

_____ I AM A RETURNING SPONSOR

If you would like to sponsor a team please remit this form to billhudock@gmail.com or the following address with a check made payable to SYTBB as soon as possible. THANK YOU FOR YOUR SUPPORT.

STYBB
19 W Bank Lane
Stamford CT, 06902