



Brandon Township Parks & Recreation

PARKS & RECREATION

2018 Baseball & Softball Sponsorship

Brandon Township Parks & Recreation - P. O. Box 929, 395 Mill St., Ortonville, Michigan 48462
Phone 248-627-4640 - Fax 248-627-6560 - Web Site brandontownship.us

Sponsorship
Deadline:
March 27th, 2018

Sponsor name _____
Please print business name

Authorized spokesperson _____ Title _____

Daytime phone _____ E-mail _____

Address _____ City _____ Zip _____

Signature _____ Date _____
Signature must be that of authorized spokesperson

P R E F E R E N C E S

New sponsors must remit copy-ready logo/advertising information to Brandon Township Parks & Rec by the deadline. All requests are subject to change depending on availability. **Choices that have not been completed anywhere on this form will be considered "any available"**. All choices are assigned on a first-come, first-serve basis.

League 1st choice _____ 2nd choice _____

Shirt Color 1st choice _____ 2nd choice _____

Printing/Lettering Color 1st choice _____ 2nd choice _____

Sponsor children must be registered and paid on a player registration form, available online or at the recreation office.

Sponsor children 1. _____ League _____

2. _____ League _____

A F F I L I A T I O N S

Sponsors may affiliate with a "COACH" or an "ASSISTANT COACH". Please contact your affiliation choice prior to registering. Affiliations must be reciprocal at time of registration. If you have an affiliation with a coach/assistant coach or if YOU will be the team coach/assistant coach, please complete the following:

Affiliate: COACH ASSISTANT COACH SELF (SPONSOR/COACH) SELF (SPONSOR/ASST.)

Affiliate name: _____ Phone _____

Affiliate children: 1. _____ League _____

2. _____ League _____

S P O N S O R L E V E L

Choose LEVEL of sponsorship:

____ \$320.00 Returning team & your banner ____ \$390.00 New team & banner
____ \$ 50.00 returning banner only ____ \$95.00 New banner only

P A Y M E N T

Please make checks payable to
Brandon Township Parks & Recreation.

Level \$ _____

Extras \$ _____

Total Due \$ _____

E X T R A S H I R T S & H A T S

Indicate the desired quantity next to the proper size:

Shirts—\$22: ____ YS ____ YM ____ YL ____ AS
 ____ AM ____ AL ____ AXL ____ AXXL

Hats—\$15: ____ Youth ____ Adult

For office use only

Ck. # _____ Amt. \$ _____

Date _____ Initials _____