

ORANGE COMMUNITY EDUCATION AND RECREATION YOUTH SPORTS TEAM SPONSORSHIP REQUEST FORM

STEP 1: FILL OUT YOUR CONTACT INFORMATION:

BUSINESS/ORGANIZATION NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

STEP 2: MAKE SPONSORSHIP SELECTION(S): \$250 PER SPONSORSHIP

| FALL SEASON | AGE GROUP | REQUEST FOR PLAYER/TEAM |
|--|-----------|-------------------------|
| <input type="checkbox"/> Soccer Clinic | | |
| <input type="checkbox"/> Soccer | | |
| <input type="checkbox"/> Flag Football | | |

| WINTER SEASON | AGE GROUP | REQUEST FOR PLAYER/TEAM |
|--|-----------|-------------------------|
| <input type="checkbox"/> Basketball Clinic | | |
| <input type="checkbox"/> Girls Basketball | | |
| <input type="checkbox"/> Boys Basketball | | |

| SPRING SEASON | AGE GROUP | REQUEST FOR PLAYER/TEAM |
|--|-----------|-------------------------|
| <input type="checkbox"/> Volleyball Clinic | | |
| <input type="checkbox"/> T-Ball Clinic | | |
| <input type="checkbox"/> Girls Softball | | |
| <input type="checkbox"/> Boys Baseball | | |

| SUMMER SEASON | AGE GROUP | REQUEST FOR PLAYER/TEAM |
|-------------------------------------|-----------|-------------------------|
| <input type="checkbox"/> Basketball | | |

*****Full payment and form must be received by registration deadline to secure teams & jersey orders.*****

PLEASE MAKE CHECKS PAYABLE TO: Orange Board of Education