



Child: _____ League/Age: _____
 Date of Birth: _____ Area: _____

P O Box 408 • Statesboro, GA 30459
 (912) 489-9087 • (912) 764-2425 Fax
 www.bullochrec.com • ksharpe@bullochrec.com

Recreation Program/Event Sponsorship Commitment Form

Name of Company: _____
 Contact Person: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Youth Baseball Team (# of Teams _____)	\$300 ea	_____
Youth Softball Team (# of Teams _____)	\$300 ea	_____
Soccer Team (# of teams _____) *Spring * Fall * Both		
\$400 for 2 seasons or \$250 per season		_____
Football Bowl Game	\$300 ea	_____
Youth Basketball Team (# of Teams _____)	\$300 ea	_____
Mill Creek Field Banner Spot	\$500 ea	_____
Scoreboard Spot	\$1000 ea	_____
Disc Golf Course • \$500 Tee • \$500 Hole		_____
AED Sponsorship @Parks/Buildings	\$1500 ea	_____
Community Rec Programs: <i>Varies, please see booklet</i>		_____
—EVENTS—		
Opening Days (Spring and Fall)	\$150 both	_____
Track Meet Sponsor Level _____		_____
Firecracker Fest Level _____		_____
ArtsFest Level _____		_____
Trick or Treat Level _____		_____
—SPECIAL VENUES—		
Splash in the Boro Sponsorships _____		_____
Agricultural Complex Sponsorships _____		_____
—DONATIONS—		
<i>All donations receive company/individual names on website as Friend of Parks & Rec</i>		
Friend of Rec & Parks - any amount is greatly appreciated _____		
Any amount ranging from \$5-\$1000 _____		

Please contact us if there is a program/event not listed here that you are interested in sponsoring.

BCRP is always looking for volunteers to help with any youth leagues, events, and more. Please contact us if you are willing to provide just a little bit of time, but reap BIG rewards.

Thank you for your support of BCRP. We greatly appreciate your generosity.

I agree that I am authorized to make the decision regarding sponsorships and will pay in a timely manner the amount due to BCRP:

sponsor signature

date

BCRP Representative

Payment Options: * BILL ME * Annually * Semi-Annually * Monthly
 * PAYMENT ENCLOSED (*make checks payable to BCRP*)
 * CREDIT CARD (*Please call 489-9087 to give CC number/expiration date*)