



KINDERCLINIC & SOFTBALL PROGRAMS

Darkton, MD



SPONSORSHIP FORM

Individuals or Family

KinderClinic (Co-ed ages 4-6) *Softball (Girls ages 6-17)*

Name: _____

Address: _____

E-Mail Address: _____ Telephone: _____

Website _____

Specify child's team to sponsor *Name of child on team* _____

Specify team to sponsor (if other than KinderClinic) *Clinic (5-7 years old)* *7/8* *9/10* *11/13* *14/17*
 No Preference

I would like to make the following donation:

	NAME	COST	TOTAL PER OPTION
<input type="checkbox"/>	Team Sponsor	\$195 per team	\$195.00

With your generous sponsorship you will receive:

1. Your family name will be silk-screened onto the team shirts
2. At the end of the season, you will receive a handsome wall plaque featuring a photograph of your sponsored team.

Please keep a copy of this form for your tax records and return the original form along with your donation made payable to **Seventh District Recreation Council** to:

Diana Wilson
Seventh District KinderClinic & Softball
P.O.Box 392
Parkton, MD 21120

Please contact the Commissioner, Diana Wilson at (443) 854-5706, if you have any questions.

DEADLINE FOR SUBMISSION IS MARCH 18, 2008
If form is received after deadline we cannot guarantee that name will be on the shirts.