



# KINDERCLINIC & SOFTBALL PROGRAMS

Darkton, MD



## SPONSORSHIP FORM

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

Business Owner's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business 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 comes the following advertising and marketing benefits:

1. Your business name will be silk-screened onto the team shirts
2. Your business name and contact information will appear on our website [www.7thSoftball.com](http://www.7thSoftball.com)
3. 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.***