

**Washington Township Parks & Recreation
YOUTH BASKETBALL PROGRAM**

P. O. Box 1106
Turnersville, NJ 08012
856-589-3227

I/WE, THE UNDERSIGNED, HEREBY AGREE TO SPONSOR A BASKETBALL TEAM IN THE WASHINGTON TOWNSHIP PARKS & RECREATION YOUTH BASKETBALL PROGRAM, BEING ONE (1) YEAR AND AGREE TO PAY THE SUM OF ONE HUNDRED DOLLARS (\$100.00). IN TURN, IT IS UNDERSTOOD THAT THE TEAM UNIFORM WILL ADVERTISE AS FOLLOWS: (We cannot guarantee the printing of more than twenty (20) characters and are unable to print logos and phone numbers.)

TEAM SPONSOR NAME: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NO: _____ CONTACT PERSON: _____

DATE: _____ SIGNATURE: _____

DATE PAID: _____ CHECK NO.: _____ CASH: _____

MAKE CHECK PAYABLE TO "WTPR"

PLANNED LEAGUES THAT REQUIRE SPONSORSHIPS:

BOYS: 7, 8, 9, 10, 11, 12, 13, 14-15 and 16-18

GIRLS: 7, 8, 9, 10, 11, 12, 13-14 and 15-18

LEAGUE PREFERRED

1ST CHOICE: _____ CHILD'S NAME: (if applicable) _____

2nd CHOICE: _____ BIRTHDATE: _____

ANY TEAM IN NEED OF COACH'S NAME: (if known) _____

A SPONSOR _____

SPONSOR SOLICITED BY: _____

SPONSOR REQUESTS ARE AWARDED ON A FIRST COME, FIRST SERVE BASIS, REFERRING TO DATE PAID. PLEASE RETURN THIS CONTRACT NO LATER THAN **NOVEMBER 26, 2007**. IF SPONSORING YOUR CHILD'S TEAM, PLEASE GIVE THE CHILD'S FULL NAME AND BIRTH DATE.

REQUESTS FOR SPECIFIC SHIRT COLORS CANNOT BE GUARANTEED!!!

COMMENTS OR REQUESTS: _____
