

GREENVILLE AREA RECREATION & COMMUNITY CENTER YOUTH TEAM SPONSOR FORM

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

EMAIL: _____ **FAX:** _____

SPECIFIC CHILD(REN): _____

YOUTH TEAM SPONSOR

- _____ **1 TEAM AT \$110**
- _____ **2 TEAMS AT \$210** (\$10 Discount)
- _____ **3 TEAMS AT \$300** (\$30 Discount)
- _____ **4 TEAMS AT \$375** (\$65 Discount)
- _____ **5 TEAMS AT \$440** (\$110 Discount)
- _____ **6 TEAMS AT \$500** (\$160 Discount)

PLEASE
PROVIDE A
PHOTO READY
ONE COLOR
COPY OF YOUR
BUSINESS
LOGO

(\$110 per team/season, discount with multiple teams/seasons)

**Awesome Advertising at Low Cost
& it's Tax Deductible!**



CURRENT PROGRAMS

- ANY PROGRAM (Use where needed most) Qty _____
- FALL SOCCER LEAGUE 2016 Qty _____
- BASKETBALL LEAGUE 2016-2017 Qty _____
- *LITTLE HOOPERS 2017 (Basketball) Qty _____
- *VOLLEYBALL CLINIC 2017 Qty _____
- SPRING SOCCER LEAGUE 2017 Qty _____
- JR. BASEBALL LEAGUE 2017 Qty _____
- *TRACK & FIELD CLINIC 2017 Qty _____
- *SPORTS PLUS CAMP 2017 Qty _____

*(*Shared Sponsorship)*

Please return YOUTH TEAM SPONSOR FORM to:

Greenville Area Recreation & Community Center
900 E. Kent Rd., Greenville, MI 48838
Fax: 616.754.5885

*If you have any questions, please contact us at 616.754.9163 or
email grec@greenvillemi.org.*

<p>PAYABLE AS FOLLOWS: (PLEASE CHECK ONE)</p> <p>_____ BILL ME</p> <p>_____ CHECK ENCLOSED <i>Payable to: GARCC</i></p> <p>_____ CREDIT CARD (MasterCard/Visa)</p>	<p>Cardholder Name: _____</p> <p>Credit Card #: _____ - _____ - _____ - _____</p> <p>Expiration Date (MM/YYYY): _____ / _____</p> <p>Security Code (3 digit # on back of card): _____</p> <p>Cardholder Signature: _____</p>
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BY SIGNING BELOW, I AGREE TO THE GREENVILLE RECREATION DEPARTMENT SPONSORSHIP AND I WILL PROVIDE FINANCIAL SUPPORTS AS SPECIFIED. I UNDERSTAND THE GREENVILLE RECREATION DEPARTMENT WILL DO THEIR BEST TO APPLY MY SPONSORSHIP TO THE DESIGNATED PROGRAM HOWEVER; UNLESS SPECIFIC CHILDREN ARE LISTED ABOVE, THEY RESERVE THE RIGHT TO TRANSFER MY SPONSORSHIP AS NEEDED, PROVIDED THE SPONSORSHIP BENEFITS ARE COMPARABLE.

CONTRIBUTOR'S NAME (PLEASE PRINT) **CONTRIBUTOR'S SIGNATURE** **DATE**

Office Use Only: CC / Cash / Check

\$ _____ Date: _____ Receipt #: _____ Staff: _____

Youth Sponsor Form
July 2016 (FY-17)