



MOUNT PLEASANT RECREATION DEPARTMENT

Youth Athletics Individual* Team Sponsorship Request Form

STEP 1: FILL OUT YOUR CONTACT INFORMATION

Contact: First Name: _____ Last Name: _____

Business/Organization Name—Please put exact wording preferred on team shirts _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

STEP 2: MAKE SPONSORSHIP SELECTION(S): *more than 3 teams please use multiple sponsor form on back*

Fundamental Sports (\$250)		Baseball (\$250)		Basketball (\$250)		OTHER (\$250)	
Football 5-8yrs	F	LowCountry 9-14yrs	F	Academy 9-16	F,Sp	Cross Country	F
Soccer U6 U7	F,Sp	Senior 15-19yrs	Sp	Senior Girls 6-18	W	Volleyball	F
Soccer U8Boys U8Girls	F,Sp	Recreation 8-14yrs	Sp	Youth 9-18yrs	W,Su	Wrestling	W
Track & Field 5-8yrs	W	Cal Ripken 9-14yrs	Sp	Unified Sports (8-adult)		Track &Field 9-14yrs	Sp
Basketball 5-8yrs	W						
Machine Pitch 7-8yrs	Su	Softball	Sp	Basketball	W,Su		
Tball 5-6 yrs	Su	Soccer	Sp	Swimming	Sp		
Soccer (\$250)		Softball (\$250)		Tackle Football & Lacrosse (\$350 per team)			
SCAP 9-17yrs	F, Sp	Lowcountry 9-15yrs	F	Youth Tackle Football 8-11yrs		F	
		Youth 9-15yrs	Sp	Middle School 12-14yrs		F	
				Lacrosse		SP	

F=Fall, W= Winter, Sp=Spring, Su=Summer

SEASON	YEAR	SPORT	AGE GROUP	Request for player for your sponsored team
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

*Please remember team sponsorships are subject to availability

STEP 3: SELECT THREE OF THE AVAILABLE JERSEY COLORS IN ORDER OF PREFERENCE:

*Please be aware sometimes we cannot accommodate every sponsor's color preference and/or color combination. We reserve the right to adjust as needed

1. _____	Reds:	Blues:	Greens:	Other	
2. _____	True Red	Citadel Blue	Kelly (light)	White	Purple
3. _____	Cardinal	Royal	Hunter (dark)	Black	Gray
	Maroon	Aqua	-	Orange	Gold

STEP 4: LOGO: If you have sponsored a team before would you like to use the **logo on file**? Yes _____ NO _____

*If you do not have a logo on file with us you will **need to send it electronically** via a jpeg format.

STEP 5: PAYMENT AND SIGNATURE:

-Please include your payment with sponsorship form.

*****Full payment and form must be received by registration end date to secure teams & jersey orders.*****

Signature _____

Date _____

For more information please contact Rhonda Mixon at (843) 884-2528 or rmixon@tompsc.com

FOR OFFICE USE ONLY:

Payment: Visa/MC ___ Cash ___ Check ___ Amount Paid \$ _____ Receipt # _____ Date: _____ Received by: _____



MOUNT PLEASANT RECREATION DEPARTMENT

Youth Athletics Multiple Team Sponsorship Request Form

STEP 1: FILL OUT YOUR CONTACT INFORMATION

Contact: First Name: _____ Last Name: _____

Business/Organization Name—Please put exact wording preferred on team shirts _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Level	Number of Teams	Pricing (excluding Tackle Football & Lacrosse)	Tackle Football & Lacrosse Pricing
Silver	4 teams	\$700 (regularly \$1,000)	\$1,200 (regularly \$1,400)
Gold	8 teams	\$1,200 (regularly \$2,000)	\$2,200 (regularly \$2,800)
Platinum*	20 Teams	\$2,500 (regularly \$5,000)	\$5,600 (regularly \$7,000)

*Our sponsorship coordinator would like to personally meet with platinum sponsors about their sponsorship needs.

STEP 2: MAKE SPONSORSHIP SELECTION(S):

Team	Season / Year	Sport	Age	Request for player
Please complete any specific requests you have for your teams.	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			

*Please remember team sponsorships are subject to availability.

1. _____
2. _____
3. _____

Reds:	Blues:	Greens:	Other	
True Red	Citadel Blue	Kelly (light)	White	Purple
Cardinal	Royal	Hunter (dark)	Black	Gray
Maroon	Aqua	-	Orange	Gold

STEP 4: LOGO: If you have sponsored a team before would you like to use the logo on file? Yes _____ NO _____

*If you do not have a logo on file you will need to send it electronically via a jpeg format.

STEP 5: PAYMENT AND SIGNATURE:

-Please include your payment with sponsorship form.

*****Full Payment and form must be received by registration end date to secure teams & jersey orders.*****

Signature _____

Date _____

For more information please contact Rhonda Mixon at (843) 884-2528 or rmixon@tompsc.com

FOR OFFICE USE ONLY:

Payment: Visa/MC__ Cash__ Check__ Amount Paid\$ _____ Receipt # _____ Date: _____ Received by: _____