

# SPRD YOUTH FLAG FOOTBALL SPONSORSHIP FORM

**Sponsor Name:** \_\_\_\_\_  
(what the jersey will say)

Payment Enclosed       Bill Me

(For billing purposes)  
**Sponsor Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact person/phone:** \_\_\_\_\_

**Coaches/phone:** \_\_\_\_\_  
\_\_\_\_\_

Number of Teams: \_\_\_\_\_

Preferred League(s):     6-8 year old  
                                   9-11 year old  
                                   12-14 year old

Preferred Team Colors: \_\_\_\_\_ SHIRT \_\_\_\_\_ WRITING

*\*If you have a one color logo you would like used, please email it in jpeg format to the email below*

**Please return with payment (\$200 per sponsored team payable to SPRD) to:**

Starkville Parks & Recreation  
Attn: Athletics  
405 Lynn Lane  
Starkville, MS 39759

*Contact for more information:      William Pochop @ 662-323-2294*

*May return via email with necessary information to [wpo chop@starkvilleparks.com](mailto:wpo chop@starkvilleparks.com)*

★ Please return form by July 20th, 2018 ★