Peculiar Parks & Recreation

Team Sponsorship

Team Sponsorship Amount: \$150



		parks & recreation
Your Company Name:	tly as you would like it to appear on the u	uniforms if you are not using a logo)
Jersey Color: Name of contact person: Email address: Telephone number: Company address:	Option 1 Option 2	Option 3
logo to: vschroed	o use your logo, please check er@cityofpeculiar.com ject: "Team Sponsorship" who	-
Please complete the f Name of Child or Coach you	ollowing: u would like your sponsorship as	sociated with:
	nodate all requests for the sponsorsh honored on a "first paid, first served"	
Please make checks payable to	: City of Peculiar	Contact Information
Mail or Drop your payment to:	Peculiar Parks & Recreation 250 South Main Street Peculiar, MO 64078	Vincent Schroeder Parks & Recreation Director City of Peculiar, Parks & Recreation 250 South Main Street 816-779-2225 (phone) 816-779-1004 (Fax) www.cityofpeculiar.org
If you have any questions, plea	se contact the Peculiar Parks & Recre	eation Department at 779-2225.
	Organizational Use Only	
Date Paid	Check No. & Amount	\$
Team Assigned	Coach	