



OGLETHORPE COUNTY RECREATION DEPARTMENT
PHYSICAL: 34 LAKESHORE DRIVE | CRAWFORD, GEORGIA 30630
MAILING: PO BOX 26 1 | LEXINGTON, GEORGIA 30648
MAIN OFFICE: (706) 743-3533

Sponsorship Form

Please fill out all business information below and areas of sponsorship and return to OCRD. For sign advertisement, please attach a business card or image of what you would like on the sign. Thank you so much for your willingness to support a growing organization in the betterment of their facilities and programs for the future. Any and all contributions are most appreciated.

Name of Business: _____

Address: _____

Business Number: _____ Contact Number: _____

Contact Name: _____ E-Mail: _____

****Please make checks payable to Oglethorpe County Recreation Department.****

Sign Advertisement

Signs are displayed year around and must be renewed yearly.

___ Large 4ft x 8ft - \$225	___ 2 or More - \$175 each (#ordered: ___)
___ Medium 4ft x 4ft - \$200	___ 2 or More - \$150 each (#ordered: ___)
___ Small 2ft x 4ft - \$175	___ 2 or More - \$125 each (#ordered: ___)

Renewal Fees

___ Large 4ft x 8ft - \$150	___ 2 or More - \$100 each
___ Medium 4ft x 4ft - \$125	___ 2 or More - \$75 each
___ Small 2ft x 4ft - \$100	___ 2 or More - \$50 each

Team Sponsorship

All sponsors will be listed on our website and receive a team photo during the season.

- ___ Basketball/Cheer - \$100 (name on shooting shirts, recreation website, and schedules)
- ___ Baseball/Softball - \$100 (name on team jerseys, recreation website, and schedules)
- ___ Football/Cheer - \$100 (recognition at home games, name on recreation website and on schedules)
- ___ Soccer - \$100 (name on team jerseys, recreation website, and schedules)

To sponsor a specific child/coach's team? **YES NO** If yes, name: _____

Financial Assistance Scholarship Fund

The Financial Assistance Scholarship Fund enables children who cannot afford to pay the total cost of an athletic program to still be a participant by offering a discounted cost of participation offset by a contribution from the fund. If you would like to sponsor a child or contribute to the Financial Assistance Scholarship Fund, please contact OCRD at the number above.

*****Office Use Only*****

Paid by: ___ Cash ___ Check (#_____) Receipt # _____
 Date Paid: _____ Amount Paid: _____