Thanks for being a Park and Recreation Basketball League Sponsor in previous years or considering sponsoring for this upcoming season. Your sponsorship enables us to keep our basketball program costs down. This allows everyone who wants to play basketball in Redding, to be able to participate. Thank you.

Our basketball league features an “equal playing time” format with the emphasis on a lifelong enjoyment of sports, respect for coaches, referees, and your opponents. Sports should be fun! Learning skills, developing teamwork, and improving self-esteem are what Park and Recreation basketball is all about.

Over 250 boys and girls in grades 3-8 will play basketball with us this winter. We also have a high school league for 9-12 graders. Your sponsorship money goes directly into paying for the cost of team shirts with the sponsor’s name, player’s number and our logo. Please remember your donation is tax deductible. The cost of first year sponsorships is $100. If you are a returning sponsor, you will pay only $80 for each team that you sponsor. If you know any other businesses who are looking to support youth recreation, please feel free to forward this to them or give out my phone number or email.

On the form below, please indicate age division, color preference or if you don’t need to sponsor a specific age group, we will place your sponsorship where it is needed most. There is no guarantee that there will be enough teams in the age group you request as enrollment varies from year to year. Sponsorships will be given out in the order they were received should we sell out sponsorships in specific age groups.

Please return this form ASAP with your check payable to the Town of Redding so that we can have the shirts ready for the first game. If you prefer, you may use a credit card to pay for your sponsorship. You may also fax the form to us to secure your sponsorship.

Mail to: Redding Park and Recreation  PO Box 1071 Redding, CT 06875

Thank you,

Rob Blick -Redding Park and Recreation Director
Phone (203) 938-2551 Fax 938-1071 rblick@townofreddingct.org

Sponsor’s Name__________________________________________  Home Phone_______________________

Address _____________________________________________________________________________________ Work Phone_______________________

Amount Enclosed_______________    Division: Boys  3-4th  5-6th  7-8th  9-12 grade

Child’s Name__________________________________________  Girls  3-4th  5-8th  grade

Color Choice (check): White___ Blue___ Black___ Blue___ Purple___ Gold___ Red___ Green___ Orange___

Name for shirt (not to exceed 24 letters) _______________________________________________________________

New sponsor ___  Returning Sponsor___  Last year’s name ________________________________ Date received by us ___

SIGNATURE____________________________________________________________DATE____________________________

I authorized the use of this credit card for the above payments.  (Circle one ) Mastercard  Visa  Discover  AMEX

Credit Card Number ____________________________  Expiration Date_______ CVV Code_________________________