BISMARCK PARKS AND RECREATION DISTRICT
Est. 1927

2025-2026 ADULT BASKETBALL
TEAM SPONSORSHIP INFORMATION

Team/Sponsor Name: _____

Manager's Name: _____

Manager's Address: _____

Manager's Phone: (h) _____ (w) _____ (c) _____

Email: _____

Did your team play in our program last year? ☐ **Yes** ☐ **No**

If yes: ☐ **Men's** ☐ **Women's**

Night played: _____

If a different sponsor than last year, please list your new sponsor.

_____

What days are you interested in playing? Please list a first, second and third choice.
Brand new teams will also need to provide 3 options, as your first choice may not be available.

1.) _____ 2.) _____ 3.) _____

Sponsor Fee: $170

For office use only. Please do not write below this space.

Sponsor Fee Paid $	Date Paid	Check	Cash	Credit Card

Staff Initials: