



SPONSORSHIP COMMITMENT FORM

Name of Contributor _____

Contact Name _____ Phone # _____-_____-_____

Address _____ E-mail Address _____

City _____ State _____ Zip Code _____

Amount of Contribution \$_____ (Checks payable to: *Platte County Sports Commission*)

DONATION OF GOODS & SERVICES

Name of Contributor _____

Contact Name _____ Phone # _____-_____-_____

Address _____ E-mail Address _____

City _____ State _____ Zip Code _____

We are willing to provide the following donations of goods and/or services.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signature of Authorized Representative

Date

Please contact PCSC Board Member Chris Oryshyn with questions: coryshyn@co.platte.mo.us

Thanks for helping support the mission and programs of the Platte County Sports Commission!