

CHESTERFIELD COUNTY

ATHLETIC COSPONSORSHIP AGREEMENT

FY 19/20

Date: _____

APPLY FOR TYPE OF COSPONSORSHIP:

A B Seasonal New Renewal

Name of Organization: _____

Mailing Address: _____

Organization website: _____

IRS Identification Number (if applicable) _____

Activities Offered: baseball basketball cheerleading
 fall football spring football field hockey lacrosse
 rugby soccer softball volleyball other _____

I have received and read the 2019-2020 Sports Season Manual of Policies and Procedures. I attest that the organization meets at least the minimum listed criteria. I understand the organization responsibilities for co-sponsorship and agree to abide by the listed procedures which include **supplying a copy of the organizations bylaws, a list of officers including addresses and phone numbers,** team rosters and any applicable fees and game schedules. **By signing the agreement I attest that all organizational officers have been approved through the County background check system and the organization complies with §22.1-271.5 and §22.1-271.6 of the Code of Virginia concerning concussions.**

Signature _____ **Date** _____

Representative

County Contact: _____

Address: _____

E-mail: _____

Home Phone: _____ Cell: _____

Background Card Expiration Date: _____

Additional County Contact: _____

Address: _____

E-mail: _____

Home phone: _____ Cell: _____

Background Card Expiration Date: _____

***Application will not be considered complete without an attached copy of the requested information.**

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

Approved _____

Denied _____

Check if attached

Bylaws

Board of Directors

DIRECTOR OF PARKS AND RECREATION
(OR DESIGNEE)

May 7, 2019

Fiscal Year _____