

Kick For Kids!

5th Annual Kickball Festival

April 20th, 2024

10AM - 3PM

Fee: \$100 Per Team



Participant Registration Form

Name: _____

Address: _____

City: _____ State: _____

Email Address: _____

Phone: _____

Check the participant's age group below. **

0-4 yrs 5-7 yrs 8-12 yrs 13-15 yrs

16-17 yrs 18-22 yrs 23-29 yrs 30-39 yrs

40-49 yrs 50-59 yrs 60-69 yrs 70+ yrs

****Parents must sign for minors aged 0-17 years to participate in the event.**

Parent Signature: _____ Date: _____

Waiver: *The Laurens City Kicks for Kickball Festival organizers, their respective officers, agents, board members, staff, volunteers, sponsors are not responsible for claims, damages, losses, liability, or expenses that may arise as a result of participation. Participants not holding valid liability insurance participate at their own risk and assume liability.*

Please sign to acknowledge that you have read and accept the waiver above.

Signature: _____ Date: _____

This is a fundraising event hosted by Bridging the Gap Advocacy to restore the field.

Send Payments to: Bridging the Gap Advocacy P.O. Box 644 Laurens, SC 29360



Kicks For Kids!

Laurens City Kickball Festival

Saturday, April 20, 2024

This is a tax-deductible fundraising event.

Sponsorship Levels

Home Plate

\$500

A Tent

Seating for ten people

Festival Flyer, Banner

Event T-Shirt

Social Media Posting, PA announcement

3rd Base

\$400

A Tent

Seating for six people

Event T-Shirt

Social-Media Posting

2nd Base

\$300

Seating for four people

Event T-Shirt

Social-Media Posting

1st Base

\$200

Seating for two people

Event T-Shirt

Social-Media Posting

Tables, Chairs, Tents

Social-Media Posting

_____ Yes, we would like to be a sponsor.

_____ Yes, we would like to volunteer.

Company Name: _____

Contact Name: _____ Phone: _____

Email Address: _____ @ _____

**** All sponsors will be acknowledged during the event.**

Sponsorship Level (check applicable)

___ Home Plate ___ 3rd base ___ 2nd base ___ 1st base

___ Tents ___ Tables ___ Chairs ___ Other (specify) _____

*** Please send payments to: Bridging the Gap Advocacy, 101 Park Place, Laurens, SC 29360**