

**SISTERSVILLE FREE SWIM DAY
SPONSORSHIP**

Name of Person or Organization: _____

Mailing Address: _____

Phone number: _____

Requested Day(s) to Sponsor: _____

**Sponsorship cost for the 2024 season is \$450.00 per day.
Please make check or money order payable to
Sistersville Park & Pool**

FOR OFFICE USE ONLY

Number of days sponsored: _____ Total due: _____

Payment made by:

Check _____

Money Order _____

Cash

Received by: _____