

**PARKS & RECREATION DEPARTMENT**

8820 Elk Grove Blvd. Elk Grove, CA 95624

(916) 405-5600

CosumnesCSD.gov

2026 YOUTH OUTDOOR LEAGUE SPONSORSHIP APPLICATION (T-Ball, Soccer, and Flag Football)

COSUMNES CSD	T-BALL	SOCER	FLAG FOOTBALL
League Starts	2/24/2026	5/30/2026	8/22/2026
League Ends	5/9/2026	8/8/2026	11/14/2026
Number of Games	8	7	8
Picture Day	2/28/2026	6/13/2026	9/21/2026 (evening)
End-of-Season Event	5/16/2026	8/15/2026	11/21/2026 (TBD)

SPONSOR OPTIONS

Cosumnes Community Services District Parks and Recreation offers a wide range of recreation programs to meet the needs of our diverse community. Our programs are designed to reach residents of all ages and backgrounds. They emphasize health and wellness, encourage conversation, provide social opportunities, and promote an appreciation for natural areas.

***Sponsor logo included in media created after the signed date of the agreement.**

PRESENTING SPONSOR - \$3,000 Three (3) Available **Activity #: 62759**

- Presenting Sponsor Field Signs
- Logo on Youth Sports Web Page
- Logo on League Schedules
- Named in Email Blast to Parents and Coaches
- Sponsor Inclusion on End-of-Season Social Media Posts
- Booth Space at All Picture Days and End-of-Season Events

LEAGUE SPONSOR - \$1,500 **Activity #: 62758**

- Logo on Youth Sports Web Page
- Logo on League Schedules
- Named in Email Blast to Parents and Coaches
- Sponsor Inclusion on End-of-Season Social Media Posts
- Booth Space at All Picture Days and End-of-Season Events

ALL-STAR SPONSOR - \$750 **Activity #: 62757**

- Booth Space at All Picture Days and End-of-Season Events



SPONSOR INFORMATION

Business Name/Organization: _____

Contact Person: _____

Address: _____

Phone Number: _____ **Website:** _____

Email: _____

INDEMNITY AND HOLD HARMLESS

Sponsor shall defend, indemnify, and hold harmless the District and the District's trustees, officers, employees, and agents from and against any claims, actions, liability, damage, loss, or obligations, including all costs, demands, expenses, expert fees, and costs, and attorney's fees arising out of Sponsor's activities under this Application, including by way of illustration and not limitation, the following: (a) any injury to or death of any person or damage to or destruction of any property occurring in or on Sponsor's equipment, or any part therefore; (b) any default by Sponsor's in the observance or performance of any of the terms, covenants, or conditions of this Application; or (c) the use, occupancy, or condition of Sponsor's equipment or activities therein.

Signature: _____ **Date:** _____

SPONSOR RESPONSIBILITY & ACKNOWLEDGEMENTS

- Full payment is due at the time of application
- Checks payable to **Cosumnes Community Services District**
- High-resolution logo emailed to SandhyaSami@CosumnesCSD.gov
- All logos are subject to acceptance or rejection by the Cosumnes CSD



EVENT: YOUTH SPORTS LEAGUES

INSURANCE REQUIREMENTS

All Sponsors and Vendors must carry LIABILITY PROTECTION and provide a certificate of insurance that provides general coverage of \$1,000,000 per occurrence, \$2,000,000 aggregate.

Proof of insurance is due by 14 days prior to the event.

- The CERTIFICATE must name Cosumnes Community Services District, 8820 Elk Grove Blvd. Elk Grove, CA 95624.
- The following statement must appear on the certificate:
“Additional Insured Endorsement names the Cosumnes Community Services District, its directors, agents, employees, and any co-sponsor as additionally insured.”
- The Certificate of Insurance must be in the exact name of the person/business/organization registered for this event.
- A homeowner or tenant’s insurance policy may provide insurance for your booth space.
- Sponsors/Vendors who do not have an insurance policy can purchase an event policy from:
 - HUB International visit: [HUB International](#) for questions (916)-974-7800
 - Golden State Risk Management (530) 934-5633 or via email to memberservices@gsrma.org

Vendor LIABILITY PROTECTION – Proof of Insurance Included

On-File with the District

I have read and understand the above Insurance Requirements and agree to abide by all the conditions set forth.

Signature: _____ **Date:** _____

Name of Business/Organization: _____

Please return by email to SandhyaSami@cosumnescsd.gov or mail to:

Cosumnes Community Services District

8820 Elk Grove Blvd.

Elk Grove, CA 95624

Attention: Sandhya Sami