



Dear Friend,

Ole Miss Athletics is proud to host the inaugural **Rebs Rally for Children's** Pickleball Tournament benefiting **Friends of Children's Hospital**. The tournament will take place on Friday, October 16, 2026, on the Ole Miss campus in Oxford, Mississippi, as part of the excitement surrounding Homecoming Week festivities. This new and unique event will bring together Rebel fans, alumni, faculty, students, and community partners for a day of friendly competition, school spirit, and philanthropy – all in support of Mississippi's only children's hospital.

Friends of Children's Hospital was established in 1989 as the fundraising arm of Children's of Mississippi, part of the University of Mississippi Medical Center. Since its founding, Friends has raised over **\$50 million** to support programs, services, and initiatives that create hope, smiles, and a place where patients can be kids. Through the generosity of dedicated partners like Ole Miss Athletics, Friends is able to continue enhancing the patient experience and providing critical support to Mississippi children when they need it most.

As a sponsor or tournament participant, you have the opportunity to make a meaningful impact while helping launch what we hope will become a signature Homecoming Week tradition at Ole Miss. Your support will directly benefit the patients and families served by Children's of Mississippi while aligning you and your team with a fun, high-energy event centered around community, competition, and giving back. Together, we can create an unforgettable experience for participants while making a lasting difference for children throughout our state.

Sincerely,

Derionne Dumphord
University of Mississippi
Assistant Athletic Director for Social Responsibility and Engagement



SPONSORSHIP OPPORTUNITIES



GOLD SPONSOR - \$25,000

- Title Sponsor recognition
- Exclusive naming rights to the event
- Extensive media exposure, including press releases and media mentions
- Recognition on event website, email marketing, and all marketing materials including printed t-shirts for participants and sponsors
- Main court signage
- Opportunity to include branded materials in swag bags
- Two (2) team entries (Singles or Doubles)
- Eight (8) spectator passes with VIP seating



POWDER BLUE SPONSOR - \$10,000

- Recognition on event website, email marketing, and social media
- High-visibility branding across the tournament, including event court signage
- Logo placement on printed t-shirts for participants and sponsors
- Opportunity to include branded materials in swag bags
- Two (2) team entries (Singles or Doubles)
- Four (4) spectator passes with VIP seating



NAVY SPONSOR - \$5,000

- Recognition on event website, email marketing, and social media
- Logo placement on printed t-shirts for participants and sponsors
- Opportunity to include branded materials in swag bags
- One (1) team entry (Singles or Doubles)
- Two (2) spectator passes

RED SPONSOR - \$1,000

- Recognition on event website and social media
- Name placement on printed t-shirts for participants and sponsors
- One (1) team entry (Singles or Doubles)
- Two (2) spectator passes



WHITE SPONSOR - \$500

- Recognition on event website and social media
- Name placement on printed t-shirts for participants and sponsors
- Two (2) spectator passes

SPONSORSHIP COMMITMENT



Sponsorship and Team registration forms should be returned by October 1, 2026. Email completed forms to friends@friendsofch.org or mail to: **Friends of Children's Hospital, 200 Park Circle Drive, Suite 2A, Flowood, MS 39232.**

Questions? Call 601.936.0034 or email friends@friendsofch.org.

SPONSORSHIP LEVELS

GOLD SPONSOR - \$25,000

POWDER BLUE SPONSOR - \$10,000

NAVY SPONSOR - \$5,000

RED SPONSOR - \$1,000

WHITE SPONSOR - \$500

SPONSOR INFORMATION

Sponsor _____
Contact Person _____
Address _____
City, State, Zip _____
Phone Number _____
Email Address _____

A team registration form will be sent to the contact above after commitment form is received.

PAYMENT INFORMATION

Send Invoice

Check Enclosed
(Made payable to Friends of Children's Hospital)

Credit Card
(A 3.5% processing fee will be automatically applied)

Name on Card _____

Card Number _____

Exp. Date _____ **CVV Code** _____

Address if different _____
