



LAKELAND CITY BASEBALL LEAGUES, INC.  
 P.O. BOX 2702  
 LAKELAND, FL 33806  
 A non-profit 501(c)(3) organization

# SPRING '10 TEAM SPONSORSHIP FORM

We welcome your sponsorship of our Spring '10 baseball season. Please complete this form and mail to the address indicated below.

## STEP 1

SPONSOR NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONES Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

## STEP 2 *(select from the following league and logo preferences)*

<b>LEAGUE (check one or more) -</b>		
<input type="checkbox"/> TEE-BALL (4-6 yr olds)	<input type="checkbox"/> MAJOR LEAGUE (11-12 yr olds)	
<input type="checkbox"/> TRAINING LEAGUE (7-8 yr olds)	<input type="checkbox"/> JUNIOR LEAGUE (13-15 yr olds)	
<input type="checkbox"/> MINOR LEAGUE (9-10 yr olds)	<input type="checkbox"/> CHALLENGER DIVISION	
<input type="checkbox"/> NO LEAGUE PREFERENCE		
<b>SHIRT LOGO</b>		
<input type="checkbox"/> USE MY CORPORATE LOGO	<b>OR</b>	<input type="checkbox"/> USE BLOCK LETTERING

**Important note:** You will be contacted to discuss your logo, league, team and uniform color preferences. Please submit your sponsorship form and payment as soon as possible. Requests will be honored in the order in which they are received.

**\* I WISH TO SPONSOR THE FOLLOWING PLAYER(S): \***

\_\_\_\_\_

## STEP 3 *(select your sponsorship level(s))*

	<u>per team</u>	<u>Total</u>
<input type="checkbox"/> SPRING '10 TEAM SPONSOR	\$350.00	\$ _____
<input type="checkbox"/> OTHER _____		\$ _____
<b>TOTAL SPONSOR DONATION INCLUDED:</b>		\$ _____

## STEP 4 – THANK YOU!

Please remit completed form with check payable to "Lakeland City Baseball" to:  
 Lakeland City Baseball, P.O. Box 2702, Lakeland, FL 33806.