



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

SPRING '19 TEAM SPONSORSHIP FORM

We welcome your sponsorship of our Spring '19 baseball season. Please complete this form and return it with your payment.

● **STEP 1**

SPONSOR NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 CONTACT NAME _____
 CONTACT PHONE _____
 CONTACT E-MAIL _____

● **STEP 2** (select from the following league preferences)

LEAGUE (check one or more) -	
<input type="checkbox"/> TEE BALL (3-4 yr olds)	<input type="checkbox"/> MAJOR LEAGUE (11-12 yr olds)
<input type="checkbox"/> COACH PITCH (5-6 yr olds)	<input type="checkbox"/> JUNIOR LEAGUE (13-15 yr olds)
<input type="checkbox"/> TRAINING LEAGUE (7-8 yr olds)	<input type="checkbox"/> LCB BUDDY BALL (for those with disabilities)
<input type="checkbox"/> MINOR LEAGUE (9-10 yr olds)	
<input type="checkbox"/> NO LEAGUE PREFERENCE	

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

Note - In order to ensure a fair and open player selection process, it is LCB's policy that no parent or sponsor can require their player or sponsorship be attached to any particular team or manager as a condition of their participation.

● **STEP 3** (select your sponsorship contribution)

	<u>per team</u>	<u>Total</u>
SPRING '19 TEAM SPONSORSHIP	\$425.00	\$ _____
LCB Scholarship Fund contribution* -		
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other amt	\$ _____	\$ _____
TOTAL SPONSOR CONTRIBUTION ENCLOSED:		\$ _____

* Every \$50 contributed to LCB's Scholarship Fund helps one child with their Spring registration fee.

Check here if your company requires an invoice prior to payment.

● **STEP 4 – THANK YOU!**

Please enclose this completed form and check payable to "Lakeland City Baseball" in your envelope and mail to: Lakeland City Baseball, P.O. Box 2702, Lakeland, FL 33806.