

ORCHARD PARK LITTLE LEAGUE

SPONSORSHIP FORM

1. TEAM SPONSOR: YOUR NAME ON TEAM JERSEY AND A DISPLAY SIGN (4' X 8') AT THE BALLPARK.

_____ 1ST YEAR (\$300)* _____ 2ND YEAR OR MORE (SAME SIGN) (\$250)
OR

2. LEAGUE SPONSOR: DISPLAY SIGN ONLY (4' x 8' approx. size)

_____ 1ST YEAR (\$225)* _____ 2ND YEAR OR MORE (SAME SIGN) (\$175)

3. LEAGUE PREFERENCE: EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR WISH, BUT **PRIORITY IS GIVEN TO THE EARLIEST REQUEST.** IF YOU WISH TO SPONSOR A PARTICULAR CHILD'S TEAM, ENTER HIS/HER NAME BELOW:

_____ **NO PREFERENCE, USE MY SPONSOR NAME WHERE YOU NEED IT!**

_____ I AM REQUESTING THE FOLLOWING LEAGUE(S): (Insert child's name also where appropriate)**

<u>AGE</u>	<u>LEAGUE</u>	<u>CHILD'S NAME</u>	<u>COACH or TEAM NAME**</u>
5-6	TEE BALL	_____	_____
7-8	BASEBALL - PEEWEE	_____	_____
9-12	BASEBALL - AMERICAN	_____	_____
	INTERNATIONAL	_____	_____
	NATIONAL	_____	_____
13-16	BASEBALL - JR / SR	_____	_____
16-18	BASEBALL - BIG LEAGUE	_____	_____
7-9	SOFTBALL - MINOR	_____	_____
10-12	SOFTBALL - MAJOR	_____	_____
13-16	SOFTBALL - JR / SR	_____	_____

4. PAYMENT PREFERENCE: _____ PAYMENT ENCLOSED _____ Please **email** me a bill
 (_____)
 MAKE CHECKS PAYABLE TO: **"ORCHARD PARK LITTLE LEAGUE"** **Date Paid**

5. RETURN THIS FORM AND PAYMENT TO:

BY FEBRUARY 23, 2008

BO MINOGUE
 26 SYMPHONY CIRCLE
 ORCHARD PARK, NY 14127
BMINOGUE@MAVROIMAGING.COM
 716-512-4291

 Sponsor Name**

 Authorized Signature Date

 Mailing Address (street - city - zip)

(____)_____
 Phone Number (____)_____
 Fax Number

 Contact Person

e-mail address required

* The additional fee for a first year sponsor is necessary to help us defray the initial cost to produce the sign.

** Please add other comments or requests, to the back of this document. (Check# _____)

Name of sponsor as it will appear on teams' jersey:

Please display how the sponsor information will appear on the banner or attach artwork (hi resolution graphics recommended):

Other Comments or Requests: