

Lee's Summit Girls Softball Association Sponsorship 2017

SPONSOR INFORMATION

Business Name: _____
Contact Person: _____
Phone Number: _____
Address: _____
City, State, Zip: _____
E-mail Address: _____

TEAM SPONSORSHIP

___ I wish to sponsor ___ team(s) in LSGSA this 2017 season.

___ My check for \$ _____ is included. (\$375 for single team or \$325 each for multiple teams)

Team Name: _____

Team Shirt Color Preference: _____
(Due to limited availability, colors cannot be guaranteed)

Uniform Logo (Check one)

___ copy attached (We accept hard copy or electronic formats)

___ default (unless specified, uniform jersey's will have lettering spelling out the business name or selected team name.)

If you need to email your graphic: aabowler12@gmail.com (you will receive a proof of your image back)

Manager: if you have a manager that you would like for your team, please indicate below.

Manager's Name: _____ Division _____

Manager's Phone Number: _____

Sponsor's Contact's Signature _____

If you have any questions, please contact Amanda Cole at 816-315-3533 or by email at aabowler12@gmail.com