



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

FALL '17 LEAGUE SPONSORSHIP FORM

We welcome your sponsorship of our Fall '17 baseball season. Please complete this form and return it with your payment.

STEP 1

SPONSOR NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONES Ph. _____ Cell _____
 CONTACT NAME _____
 E-MAIL _____

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

LEAGUE (check one or more) -	
<input type="checkbox"/> TEE BALL (4-5 yr olds)	<input type="checkbox"/> MINOR LEAGUE (9-10 yr olds)
<input type="checkbox"/> COACH PITCH (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"/> LCB BUDDY BALL (for those with disabilities)	
<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 league</u>	<u>Total</u>
FALL '17 LEAGUE SPONSORSHIP	\$600.00	\$ _____
LCB Scholarship Fund contribution * -		
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other amt	\$ _____	\$ _____
TOTAL SPONSOR DONATION INCLUDED:		\$ _____

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

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.