



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

SPRING '18

TEAM SPONSORSHIP FORM

We welcome your sponsorship of our Spring '18 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 (4-5 yr olds)	<input type="checkbox"/> MAJOR LEAGUE (11-12 yr olds)
<input type="checkbox"/> COACH PITCH (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 '18 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.