

SPONSOR FORM

BOYS FALL BASEBALL

Sponsorship Fee: \$175 per team

SPONSOR COMPANY INFORMATION:

COMPANY NAME:			
CONTACT PERSON:		TITLE:	
PHONE:	()	PHONE:	()
E-MAIL ADDRESS:			
PHYSICAL ADDRESS:			
CITY:	STATE:	ZIP:	

****Complete the section below if Mailing Address is different than Physical Address. ****

MAILING ADDRESS:			
CITY:	STATE:	ZIP:	

PROGRAM DETAILS (SPONSOR TO COMPLETE):

TEAM COLORS	(1ST CHOICE):	SHIRTS:	LETTERING:
	(2ND CHOICE):	SHIRTS:	LETTERING:

SPONSORED CHILD(REN): <small>*If applicable, only list two children to be on sponsored team.</small>	NAME:	AGE:
	NAME:	AGE:

HEAD COACH: _____ PHONE: _____ EMAIL: _____

ASST COACH: _____ PHONE: _____ EMAIL: _____

DO YOU HAVE A LOGO YOU WOULD LIKE ON THE TEAM SHIRTS: YES NO

If yes, please attach a paper copy of your logo or email it to KatelynL@ci.thibodaux.la.us

PAYMENT DETAILS:

PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX	PAYMENT DETAILS: SPONSORSHIP FEES ARE \$175 PER TEAM
MAIL PAYMENT TO: Recreation Department P.O. Box 5418 Thibodaux, Louisiana 70302	

TREC OFFICE USE ONLY: (Please do not write below this line).

AMOUNT PAID: \$ _____	CASH <input type="checkbox"/>	<input type="checkbox"/> CHECK No. _____	<input type="checkbox"/> CREDIT CARD Type: _____
Reference: } _____	Mail Rec'd Date: } _____		