

Lenape Valley Softball Sponsor Request Form

Make checks payable to: LVRC Softball	
Sponsor Fee:	\$225
Additional Donation:	_____
Total:	_____

PLEASE PRINT LEGIBLY!

Sponsor Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name to appear on shirt: _____

Name of Contact: _____

Home Phone: _____ Cell Phone: _____

Primary Email: _____ Website: _____

<p><u>Sponsor Interests</u></p> <p><input type="checkbox"/> Recreational Team</p> <p><input type="checkbox"/> Sunday Select</p>	<p><u>Additional Donation:</u></p> <p><input type="checkbox"/> Pitcher's Clinic</p> <p><input type="checkbox"/> Catcher's Clinic</p> <p><input type="checkbox"/> Fielding Clinic</p> <p><input type="checkbox"/> Batting Clinic</p> <p><input type="checkbox"/> Umpire Clinic</p> <p><input type="checkbox"/> Coach's Clinic</p> <p><input type="checkbox"/> Equipment Improvements</p> <p><input type="checkbox"/> Field Improvements</p> <p><input type="checkbox"/> Capital Improvements</p> <p><input type="checkbox"/> Willing to make a specific donation: Item: _____</p>
--	---

Special Requests:

The parents and players of the Lenape Valley Softball League greatly appreciate your generosity and would like to sincerely thank you for your assistance in giving our girls this opportunity. Without dedicated sponsors, such as you, this organization could not exist. THANK YOU.

_____ Date _____ Sponsor Signature

FOR CONTACT INFORMATION, ORGANIZATION/FIELD PLAY AND VOLUNTEER DESCRIPTIONS
PLEASE VISIT THE LEAGUE WEB SITE AT WWW.LVSOFTBALL.ORG

Mail completed form and check to:
Jim Taylor
120 Jasen Drive
Chalfont, PA 18914