

La Mirada Pony

Baseball Association

Tax I.D. # 54-2155987

SPONSOR REGISTRATION FORM

(PLEASE PRINT CLEARLY)

SPONSOR’S NAME:

ADDRESS:

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME:

TELEPHONE NUMBER(S):

TYPE OF SPONSORSHIP: LEAGUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM:

IF A TEAM SPONSOR: TEAM NAME:

 DIVISION:

 AMOUNT OF DONATION: $

 (PLEASE MAKE CHECK PAYABLE TO: L.M.B.A.)

The completed sponsorship form and check should be given to the Team Parent or mailed to:

L.M.B.A.

P.O. BOX 206

LA MIRADA CA 90637

\*\*\*\*\*THANK YOU FOR YOU CONTRIBUTION\*\*\*\*\*

FOR LEAGUE USE ONLY:

 Sponsor check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 League check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 League check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_