



Lee's Summit Girls Softball
P.O Box 2435 Lee's Summit, MO 64063
www.lsgsa.com

LSGSA Sponsorship Form

Business Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

TEAM SPONSORSHIP

___ I wish to sponsor ___ team(s) in LSGSA this 2019 season.

___ My check for \$ _____ is included. (\$375 for single team or \$325 each for multiple teams)

Team Name: _____

Team Shirt Color Preference: _____ (Due to limited availability, colors cannot be guaranteed)

Uniform Logo

___ copy attached. If a logo is not provided uniform jersey will have lettering spelling out the business name or selected team name. Electronic formats can be emailed to Sabrina Rogers at lsgsajersevs@gmail.com

Will a specific team manger use your sponsorship? **YES** **NO**

Manager/Head Coach name: _____

Manager/Head Coach Phone Number: _____

Division: _____

Team Sponsorships Printing of team shirt's with sponsor's logo

If you have any questions please contact your division rep or Bob Johnson at rthanejohnson@att.net 816-225-6126