



TEAM SPONSORSHIP APPLICATION

Sponsorship Application Year: _____ Season: Spring _____ Fall _____

Sponsor Name: _____

Sponsor Address: _____

Sponsor Contact: _____

Sponsor Telephone: _____ Sponsor Tax ID #: _____

Note – For the Sponsor Name above, please write clearly and legibly. Thank you.

TEAM SPONSOR: \$_____

Your company will be recognized on the Jurupa Girls Softball website (www.jurupagirlssoftball.com) and Facebook Page as a recognized sponsor for the duration of the season. The team you sponsor will include your name as part of their banner set up at each game played!

Important: All sponsors, please supply one business card for proper acknowledgement.

It is mutually agreed that payment of the above-considerations concludes all obligation on the part of the above-named and that the team shall be subject only to the direction of the Executive Board of Jurupa Girls Softball. It is further stipulated that the above-named sponsor will not expend nor be obligated for additional monies and will not solicit contributions in the name of Jurupa Girls Softball.

Division: _____ Team Name: _____

Manager: _____

Sponsor Signature: _____

Date: _____

Jurupa Girls Softball Accepting Board Member: _____

Date: _____