STAFFORD GIRLS SOFTBALL ASSOCIATION

SPONSOR FORM

Sponsor Name: _____

Mailing Address: _____

Contact Person: _____

Telephone #: _____

E-mail Address: _____

Company Website:_____

Preferred Shirt Color: _____

Preferred Lettering Color: _____

I want to sponsor my child's team: ___YES ___ NO

Child's Name _____

___ 6U ___ 8U ___12u ___18u

Or

___ I have no preference – let the league assign my sponsorship to a team as needed

Team Sponsorship

$250

We appreciate your sponsor check by FEBRUARY 24TH
We cannot guarantee your sponsorship will be for your child's team for sponsor forms received after this date.

Checks made out and mailed to:

STAFFORD GIRLS SOFTBALL ASSOCIATION
PO Box 624
Manahawkin, NJ 08050