



SPONSORSHIP AGREEMENT

(Company) Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

Number of teams sponsoring (if applicable): _____

Name on jersey or banner _____
(if different from above, print exact)

Please Choose A Sponsorship Level:

_____ Diamond Sponsor \$20,000.00 per year

_____ Major Sponsor \$10,000.00 per year

_____ Minor Sponsor \$7,500.00 per year

_____ Field Sponsor \$5,000.00 per year

_____ Court Sponsor \$2,500.00 per year

_____ Fitness Sponsor \$5,000.00 per year

_____ Gymnastics Sponsor \$5,000.00 per year

_____ ADAPTIdance Sponsor \$2,500.00 per year

_____ Karate Sponsor \$2,500.00 per year

_____ Fencing Sponsor \$2,500.00 per year

_____ Season Sponsor \$1,000.00 per sport season

_____ Team Sponsor: \$500.00 per team

I am requesting that we NOT receive a sponsor book (team sponsor only)

Season & Team sponsors: Baseball _____ Basketball _____ Bowling _____

DONATION: \$ _____ No Goods or Services will be provided for this donation.

Payment Type: Check Credit Card (Visa, MasterCard, Discover, AMEX)

Name on Card (if different from above): _____

Billing Address: _____ Zip _____

Card Number: _____ CVV2 (3 or 4 digit) _____ Exp. _____

By signing below, I authorize the League of Dreams to process payment for the above agreed amount.

Signature _____ Date _____

Sponsorship Agreement form and check can be mailed to:

The League of Dreams 7737 Meany Ave, Suite B5, Bakersfield, CA 93308

The League of Dreams is a 501(c)3 non-profit. All donations are tax deductible.
Please call with any questions (661) 616-9122 or email info@ourleagueofdreams.com