



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

_____ Season Sponsor \$1000.00 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 _____

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 Date _____

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

Authorized 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