



# Orchard Park Little League

Baseball and Softball ages 7-15

Tee Ball ages 4-6

## 2019 Team Sponsorship Form

_____	_____	_____
Sponsor Name	Authorized Signature	Date
_____	( _____ )	( _____ )
Street Address	Phone number	Fax Number
_____	_____	_____
City, State, Zip	<b>*E-mail Address Required</b>	

### Circle One Option:

- **Combined Team / Indoor Facility Sponsorship**
  - Please return this form with a payment of \$400
- **Team Sponsorship**
  - Please return this form with a payment of \$300

*Make checks payable to: Orchard Park Little League, P.O. Box 201, Orchard Park, NY 14127*

### Additional information Needed:

- Please write in the space below the business name as you want it to appear on team's jersey:  
\_\_\_\_\_
- A banner with your business name / logo will be posed at the Duerr Road Park and our Indoor facilities depending on your sponsorship choice above.
  - We will reuse banners we already have with your information if you have sponsored before
  - If we do require a banner from you, please display in the comments section below, how the sponsor information should appear on the banner, or email artwork (high resolution graphics recommended) to: [slickwdb1@yahoo.com](mailto:slickwdb1@yahoo.com)
- Your business name will be listed as a sponsor on our website: [www.opll.org](http://www.opll.org)
- If you request to sponsor a child's team, every attempt will be made to accommodate your request
  - Priority is given to the earliest request
  - List the child's name / age below, as well as the league they played in last year, if applicable
  - Indicate below if you have no preference of the team you sponsor

Child's Name                                      Age                                      League/ Team / Coaches Name from 2018 Season

\_\_\_\_\_

**No preference, use my sponsor name for any team where you need it.**

**\*Contact Bill Barsottelli with any other questions – cell phone number: 716-983-7103 email: [slickwdb1@yahoo.com](mailto:slickwdb1@yahoo.com)**