STATELINE BASEBALL

TEAM SPONSOR FORM

BUSINESS NAME		
CONTACT NAME		TITLE
ADDRESS		I WANT TO COACH A TEAM
CITY	STATE ZIP	I WANT TO VOLUNTEER
PHONE # EMAIL		
WEBSITE		
DIVISION - CHOOSE ONE 6U, 4-6 8U, 7-8 10U, 9-10 12U, 11-12 14U, 13-14		
TEAM / COACH YOU WANT TO SPONSOR LEAVE BLANK IF YOU HAVE NO PREFERENCE TEAM COACH		
BUSINESS NAME - AS YOU WOULD LIKE YOUR COMPANY LO BU - CUBS YOUR COMPANY NAME IS A PROUD SUPPORTER OF STATELINE BASEBALL I WOULD LIKE TO RECEIVE EMAIL OF		CHECK CREDIT CARD CONTACT US TO COORDINATE THE PAYMENT PROCESS
I WOULD LIKE MORE INFO ON HOW TO SUPPORT STATELINE BASEBALL IN OTHER WAYS		
DO NOT WRITE BELOW THIS LINE		
		SPECIAL NOTES
	ASSIGNED TO A TEAM LOGO PLACED ON WEBSITE	
	SIGN ORDERED/READY FOR PLACEMENT	