



*New Market Youth Baseball  
PO Box 323  
New Market, IN 47965*

## **SPONSORSHIP FORM**

**SPONSOR NAME:** \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Phone Number*(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ *Contact Person* \_\_\_\_\_

*Do you have a preference for a team to sponsor? Which?* \_\_\_\_\_

*\*\*In some cases, there may be more than one sponsor listed on a shirt\*\**

*Please make checks payable to: New Market Youth Baseball*

<i>Team Sponsor: Name on Uniform ... ..</i>	<i>\$300/Year</i>
<i>Field Signs: Business Info from Card or Business Logo.....</i>	<i>\$100/per field</i>
<i>- First year cost to have sign made.....</i>	<i>\$45/per field</i>
<i>Concession Stand Signs 4" x 12".....</i>	<i>\$75/Year</i>
<i>Game Sponsorships.....</i>	<i>\$50/per game</i>

*Amount enclosed* \_\_\_\_\_

*Send to:*

***New Market Youth Baseball***  
*c/o Amanda Clark, League Treasurer*  
*PO Box 323*  
*New Market, IN 47965*

# **THANK YOU FOR YOUR SUPPORT!!**