



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

Team Sponsor: Name on Uniform\$350/Year

Field Signs: Business Info w/ black letters...\$100/per field (\$140 for the first season)

Concession Stand Signs 4" x 12".....\$75/Year

Community Sponsor.....Sponsor Choice of Amount

*****League is open to other sponsorship ideas; Don't hesitate to reach out if there is something you as a sponsor would like to sponsor, but is not listed*****

Amount enclosed _____

Send to:

New Market Youth Baseball

c/o Dominique Fruits, League Treasurer

PO Box 323

New Market, IN 47965

THANK YOU FOR YOUR SUPPORT!!