



Delta Baseball & Softball League

P.O. Box 3883 Antioch, CA 94531
 www.deltabaseballleague.com

For Official Use Only

Date Received: ___/___/___
 Date Paid : ___/___/___
 Amount: \$ _____
 Payment Method:
 Cash
 Check Check No. _____ Cleared: |
 Visa Ref. # _____

***** **SPONSOR'S APPLICATION FORM** *****

Walk-Off Winners Field Sponsor \$1000.00

Grand Slam Team Sponsor - \$500.00

Home Run Club Team Sponsor - \$300.00

Base Hit Scholarship Sponsor - \$150.00

Returning Sponsor

New Sponsor

Sponsor's Name: (As Printed on Uniform)										Please Note: (A space counts as a box used)									
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Representatives Name:					Business Name (if different than above):					Phone #: ()									
Mailing Address:										E-mail Address:									
City:			State:		Zip Code:			Website Address: (DBSL link to your website)											
Team Name / Coach Requested to Sponsor:					Team #:			Division - Please Circle One T-Ball C.H.A.M.P. Peanut Girls Peanut Boys Junior Girls Junior Boys Senior Girls Senior Boys Comp Boys											

Sponsor's Player Info (select one)

Player Pre-Select

Sponsor Any Team

Pre-Select Player Name

First:	Last:	Middle:	Invoice Number:

Comments:

