



Thank you for your interest in sponsoring The Smyrna Baseball League. Print clearly in Blue or Black ink. Please fill in all of the blanks.

Contact Name: _____

Contact Address: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Organization: _____

What age group would you like to sponsor? (If you do not have a certain team, please write N/A in the blank) _____

Which team would you like to sponsor? (If you do not have a certain team, please write N/A in the blank) _____

Head Coach Name and Number: (If you do not know the Name and Number, please write N/A in the blank) _____

Level of Sponsorship: (Please see front page) _____

Sponsor Signature: _____ Sponsorship Coordinator Initials: _____

SBL Use Only

Amount Paid: _____ Check # _____

Date Collected Money: _____

Sponsored Team: _____

Date sent to SBL: _____

Sponsorship Signature: _____ Treasurer Signature: _____

Make checks payable to Smyrna Baseball League or SBL

All payments are due by Friday, March 15, 2021.