

SPONSORSHIP FORM



SPONSOR INFORMATION

DATE _____

NAME _____

COMPANY _____

PHONE NO _____

EMAIL _____

ADDRESS _____

ORDER DETAILS

| | SPONSORSHIP | QTY | PRICE | | TOTAL |
|--|-------------|-----|-------|--|-------|
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| | | | | | |
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*Make checks payable to Carthage Little League

| | |
|-------|-----|
| TAX | N/A |
| | |
| TOTAL | |

NOTES

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