

ONLY

YAKIMA NATIONAL LITTLE LEAGUE SPONSORSHIP FORM

Make Checks Pay	able To: Yak	ima I	Vation	nal Little L	eague			
Business Name (as want	ed on banner & v	vebsite):					
Contact Name:		Phone #:			E-mail:			
Street Address:				City:		State:	Zip Code:	
Team/Division/Manager	's Name (if applic	able):						
FOR LEAGUE USE DATE RECONLY		CEIVED:		AMOUNT GIVEN:		CHECK NUMBER:		
For questions on sp	onsorship, ple	ase co	ontact	Andy Ward	l @ yakimal	littleleagu	e@gmail.com.	
Make Checks Paye	able To: Yak	ima l	Vation		IATION	FORN	/I	
Business Name (or Individual)				Business Contact Name:			Phone #:	
Address:				City:		State:	Zip Code:	
One Time Donatio	on:							
Home	Plate	\$ 1	00.00					
3rd Bas	se	\$	75.00					
2nd Ba	se	\$	50.00					
1st Base		\$	25.00					
Fielder's Choice			Donation Amount of Choice					
FOR LEACHE HEE	DATE DE	CD/C	n.	ANACHINI	CIVENI	CUECK	NUINADED / CACII	