

RYBA—T-BALL Sponsorship Form

FALL 2009

At RYBA, we appreciate your interest and investment in our community's baseball organization. Support from sponsors is vital in helping to ensure that we continue to provide our players, coaches and parents with the best facilities possible. Please consider one of the following sponsorship levels so that we can achieve our goal of making everyone's baseball experience even more enjoyable and memorable.

Team Sponsor: Cost \$500

Team receives allocation of up to \$275 to purchase the following for the players:

- *Elastic waist pants*
- *Names heatpressed on the back of player's jersey*
- *Names AND numbers embroidered on player's hat*

Sponsor receives:

- Sponsor name screenprinted on player jersey sleeve
- Complimentary ½ page ad in 2010 Spring Program
- Special "thank you" plaque with team photo for display

"AAA" League:	Cost \$250	Receive special recognition in 2010 Spring Program.
"AA" League:	Cost \$150	Receive special recognition in 2010 Spring Program.
"A" League:	Cost \$50	Receive special recognition in 2010 Spring Program.

***** Sponsorship Deadline: FRIDAY, SEPTEMBER 4, 2009 *****

Please complete the attached form with your sponsor information and fax the form to 770-785-2407. *Please mail the check to the address on the form.*

Teams exceeding the sponsorship goal of \$500 can earn extras for their teams such as dugout signs, team banners, pizza parties and much more!

NOTE: Teams must earn a total of \$500 in order to receive the benefits listed. The \$500 can come from one sponsor OR a combination of sponsors. As long as the total collected by the team equals at least \$500 the team will receive the benefits listed.

YES--A team can have more than one \$500 sponsor!

Questions??? Please contact Tony Wilson at (404) 316-6359 or tonysr@mindspring.com

www.ryba.org

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Sponsorship Commitment Form – Fall 2009

Sponsor/Company Name: _____
(as it should appear on jersey sleeve—benefit reserved for \$500 and higher sponsors only)

Contact Person's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Sponsored Child's name: _____

Team Name/Age Group/Coach you are sponsoring: _____

Coach's e-mail address and phone number: _____

Select Sponsorship Level (check one):

_____ Team Sponsor (\$500)

_____ AAA (\$250)

_____ AA (\$150)

_____ A (\$50)

Make checks payable to "RYBA"

Mail to: RYBA
ATTN: Sponsors
PO Box 81933
Conyers, GA 30013

Sponsor Signature: _____

FAX COMPLETED FORM TO: (770) 785-2407

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