



2016 GIRLS YOUTH SOFTBALL LEAGUE SPONSORSHIP PLEDGE FORM



NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX () _____

Email _____

Team name for t-shirts (print exact wording) _____

Sponsorship Amount \$250.00 Ck No. _____ Visa _____

(If you have a preference) Grade Level: K-1 2-4 5-8

Coach's Name _____ Player's Name _____

Signature _____

***For additional information, call Jake Burgess at (707) 463-6714.
Payment can be sent or delivered to the following address:***

**City of Ukiah
Girl's Youth Softball
411 West Clay St
Ukiah, CA 95482**

Or you may use your credit card and fax this form to 463-6740

CREDIT CARD PAYMENT

Girls Youth Softball 10022832 44915

VISA _____ MASTERCARD _____ NUMBER _____ EXPIRATION DATE _____

NAME (AS IT APPEARS ON CARD) _____ AMOUNT \$ _____

SIGNATURE: _____ DATE _____ PHONE # _____