



2020
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## BREWSTER LITTLE LEAGUE SPONSORSHIP FORM

Sponsor name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_

Sponsor Package:                      Single                       Double   
    Triple                       Home Run

If you would like to sponsor a team, how would you like your name to read on the uniform?  
 (Teams are first-come, first-served)

\_\_\_\_\_

Would you like a specific child on this team? Yes       No

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Please select 1st and 2nd choice division preference:

T-Ball	_____	Challenger	_____
Boys Instructional	_____	Girls Rookie	_____
Boys Minors	_____	Girls Minors	_____
Boys Majors	_____	Girls Majors	_____
Boys Junior/Seniors	_____	Girls Junior/Seniors	_____

Please save the bottom copy for your records and return the top copy with applicable payment to:  
 Brewster Little League  
 12 Main Street  
 Brewster NY 10509  
**Thank you for your support**