



Sponsorship Form

Year _____

Player Information

Player Name _____

Sponsor Information

Business/Sponsor Name _____

Contact Name _____

Mailing Address _____

City, ST Zip Code _____

Phone _____

Email _____

Sponsorship Level

Single
\$200

Double
\$300

Triple*
\$500

Homerun*
\$1,000

Grand Slam*
\$2,500 +

TOTAL: \$ _____

RECEIPT

INVOICE

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Kalispell Lakers Baseball
P.O. Box 8444
Kalispell, MT 59904

Payment, Sponsor Information and Graphics Deadline: April 1st

(Sponsorships are accepted after deadline, but there are no guarantees when advertising will be updated)

Questions: Aimee Root (406)250-9836 LakersExec@outlook.com

*Outfield Sign Information (\$500+): Keep it simple to improve visibility in the outfield, # of colors does not matter, accepted computer files are .jpg .pdf .eps (must be high quality). With submittal, please include company logo, slogan, address etc. and email layout to absinc@montanasky.biz

New sponsors, add \$200 for outfield sign printing

Program Ad Information (\$1000+): ¼ Page Ad in season program, email ad to board@kalispelllakers.org