



La Mirada Pony
Baseball Association

Tax I.D. # 54-2155987

SPONSOR REGISTRATION FORM
(PLEASE PRINT CLEARLY)

SPONSOR'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CONTACT NAME: _____

TELEPHONE NUMBER(S): _____

TYPE OF SPONSORSHIP: LEAGUE: _____ TEAM: _____

IF A TEAM SPONSOR: TEAM NAME: _____

DIVISION: _____

AMOUNT OF DONATION: \$ _____

(PLEASE MAKE CHECK PAYABLE TO: L.M.B.A.)

The completed sponsorship form and check should be given to the Team Parent or mailed to:

L.M.B.A.

P.O. BOX 206

LA MIRADA CA 90637

*****THANK YOU FOR YOU CONTRIBUTION*****

FOR LEAGUE USE ONLY:

Sponsor check number: _____ Amount: _____

League check number: _____ Amount: _____

League check payable to: _____

Manager's name: _____

Division: _____ Team: _____