



P.O. Box 6212
Corpus Christi, Texas 78466-6212
www.sslmk.com

ALL-STAR SPONSOR INFORMATION FORM

Thank you in advance for your financial contribution. **Please fill the form out completely.** The information you provide will be used to contact you and to help promote your business. There are two types of sponsors.

- (1) We will have 2 sponsors this year. The first sponsor will be Southside Adult Kickball, and a second sponsor of \$200.00. The second sponsor is the responsibility of each team and the first sponsor turned in will have their name on the back of the uniform and will receive a sponsor plaque. **The sponsors will need to have their monies turned in on or before June 15th.**
- (2) All other donations are appreciated and welcome. **These sponsors will need to have their monies turned in on or before June 25th.**

In order to insure accurate spelling of all information we ask that you **PRINT NEATLY** or **TYPE** your entries on this form.

Please remit this form and all payments to the address below, or turn in to any member of the All-Star Team or Board Member. **ONLY Cash, Credit/Debit Card or Money Orders will be accepted.**

SOUTHSIDE LITTLE MISS KICKBALL
P.O. Box 6212
Corpus Christi, TX 78466-6212

Sponsorship forms and payment must be received no later than the dates listed above or it can be dropped off at the field. Exceptions must contact Marianne Mojica at 361.779.3628. Thank you once again for your generous support and we look forward to many years of continued partnership with you.

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| <i>Please Type or Print:</i> | |
| | |
| Company _____ | Date _____ |
| Contact Person _____ | Title _____ |
| Street Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Phone: _____ | Fax: _____ Mobile: _____ |
| E-Mail: _____ | Website: _____ |
| Team Sponsoring: <u>ALL-STARS</u> | Division: JR SR TA <small>Circle one</small> |
| Amount: \$ _____ | |
| Name as it is to appear on shirts: _____ | |

| | | | |
|-------------------------|--------------------|-------------|--------------------|
| LEAGUE USE ONLY | | | |
| Amount Due: _____ | Amount Paid: _____ | Date: _____ | |
| Method of Payment: Cash | Credit/Debit | MO | Received By: _____ |