



# TENAFLY SOFTBALL SPONSORSHIP



## TEAM SPONSORSHIP

- RBI Level** - Requires a **\$350** contribution and includes sponsorship of **ONE** entire team. Sponsorship includes having your organization's name (or any name you desire) on the back of all team shirts, plus recognition on the Tenaflly Softball web site.
- Home Run Level** - Requires a **\$600** contribution and includes sponsorship of **TWO** teams. Sponsorship includes having your organization's name (or any name you desire) on the back of all team shirts, plus a more prominent recognition on the Tenaflly Softball web site including any special offers you desire to make available on the Tenaflly Softball web site.
- Grand Slam Level** - Requires a **\$1,000** contribution and includes sponsorship of **FOUR** teams. Sponsorship includes having your organization's name (or any name you desire) on the back of all team shirts, plus premium recognition on the Tenaflly Softball web site including any special offers you desire to make available on the Tenaflly Softball web site.

In 2014, I would like to sponsor a team in the following divisions:    If no preference leave it blank.  
 (Please indicate the # of teams in each division):

- \_\_\_ Pee-Wee (Grades 1&2 )
- \_\_\_ Minors (Grades 3&4)
- \_\_\_ Juniors (Grades 5&6)
- \_\_\_ Seniors (Grades 7&8)

- Tenaflly Softball Fan Club** - Donations of any amount to the General Tenaflly Softball Fundraising account to be used for program improvement and enrichment (e.g., capital equipment, awards, and scholarship funds).

\$ \_\_\_\_\_

Sponsor Name As You Would Like It to Appear on Back of Player Shirts: **(Please Print)**

Please email logo in a PDF or Jpeg to [info@tenaflysoftball.com](mailto:info@tenaflysoftball.com)

\_\_\_\_\_

Sponsor Organization Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (eve): \_\_\_\_\_

Contact: \_\_\_\_\_ Email (required): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you will be sponsoring your child's or another special person's team, please indicate the following:

Child's Full Name \_\_\_\_\_ Grade \_\_ Division \_\_\_\_\_ School: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Grade \_\_ Division \_\_\_\_\_ School: \_\_\_\_\_

Any questions please email [info@tenaflysoftball.com](mailto:info@tenaflysoftball.com) Otherwise, please return your form and make your check payable to:

**Tenaflly Softball**  
**Attention: Sponsorship**  
**400 Tenaflly Road #552**  
**Tenaflly, NJ 07670-0552**