



2016 Sponsorship Form

Business Name:

Address:

City:

Contact Name:

Phone:

e-mail:

Company Web Address:

Name to Display on Banner and in Program:

Please email artwork/logo to: director@ml4hc.com

Make Check payable to: [Miracle League For Highlands County](#)

Return this form and your check to: [P.O. Box 671, Lake Placid, FL 33852](#)

THANK YOU FOR YOUR SUPPORT!

Because Every individual Deserves a Chance to Play Baseballl....

We are a 501(c3) Florida Non-Profit Corporation