

MACEDONIA PARKS AND RECREATION DEPARTMENT

T-BALL TEAM SPONSOR APPLICATION

SPONSOR INFORMATION

Date of Application: _____

Sponsor/Business Name: _____

Contact Name: _____ Email: _____

Phone: _____

Address: _____

SPONSOR INFORMATION

T-Ball Season: Season 1 (\$200) Season 2 (\$200) Seasons 1&2 (\$400)

Fee: \$200 per season

Please send your business name via email to bwisniewski@macedonia.oh.us

SPONSORSHIP AGREEMENT

1. Business name will be printed on the back of the jerseys above the numbers of the team's shirts.
2. Team name will appear as your business name on the schedule.
3. Sponsor agrees to pay the City of Macedonia the required sponsorship fee. All fees must be paid in full. Payment should be made to the City of Macedonia.

Signature: _____ Date: _____

Return Application To: City of Macedonia Recreation Department – T-Ball
1494 East Aurora Road
Macedonia, OH 44056
Phone: 330-468-8375
Email: bwisniewski@macedonia.oh.us

