

BASEBALL HEROES SPONSOR FORM

COMPANY NAME: _____

CONTACT PERSON: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL: _____

PHONE # (1): _____

(2) _____

PERSON AT THIS #: _____

AGE: _____

CHILD YOU WISH TO SPONSOR

(IF YOU HAVE ONE IN MIND): _____

TEAM COLORS, 1st CHOICE: (shirt): _____

(lettering): _____

TEAM COLORS, 2nd CHOICE: (shirt): _____

(lettering): _____

DO YOU HAVE A LOGO TO PUT ON SHIRTS? () YES () NO

IF YES, PLEASE ATTACH LOGO

\$150 per team

DATE RECEIVED: _____ () CASH () CHECK # _____ () CREDIT

CARD _____

AMT. PD. \$ _____

Make check payable to **CITY OF THIBODAUX** and mail to:
Thibodaux Recreation Department
P. O. Box 5418
Thibodaux, LA 70302
(985) 446-7235