

2024 SPONSORSHIP REGISTRATION

COMPANY INFORMATION

COMPANY NAME: _____ WEB: _____

FULL ADDRESS: _____

CITY: _____ Ontario POSTAL CODE: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

SPONSORSHIP TYPE

SPONSORSHIP FOR _____ TEAM \$ _____

ONCE YOU HAVE COMPLETED ABOVE FIELDS, KINDLY SIGN BELOW, CHEQUES ARE PAYABLE TO **MARTINGROVE BASEBALL INC.** FOR THE AMOUNT INDICATED ABOVE. PLEASE FORWARD TO: IRENE CULLUM, TREASURER, c/o 52 WATERBURY DRIVE, ETOBICOKE, ONTARIO M9R 3X6. BY SIGNING BELOW, YOU AGREE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF YOUR KNOWLEDGE. YOU AGREE TO CONTRIBUTE THE AMOUNT WHICH HAS BEEN INDICATED IN SUPPORT OF MARTINGROVE BASEBALL INC, A NON-PROFIT YOUTH BASEBALL ORGANIZATION.

SIGNATURE

DATE