



Greater Buford Athletic Association Sponsorship Form



Sponsor's Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____ Fax: _____

Please indicate which level you wish to sponsor:

Date: _____
 Email: _____
 Phone: _____

<u>SPONSOR LEVEL</u>	<u>SPONSOR AMT.</u>	<u>SPONSOR RECEIVES</u>
<input type="checkbox"/> <i>Green</i>	<i>\$750</i>	<i>Scoreboard sponsor on all fields, plaque, logo on website.</i>
<input type="checkbox"/> <i>Wolf</i>	<i>\$250</i>	<i>Scoreboard sponsor on one field and sponsorship plaque.</i>
<input type="checkbox"/> <i>Small Business Sat. Vendor</i>	<i>\$100</i>	<i>setup on a Saturday to sell your product. (SPRING ONLY)</i>

Do you have a team that you would like to sponsor?

Yes No

League and Team:

Coach:

Field:

Email logo to: administrator@greaterbufordathleticassociation.com

File Format: PNG, JPEG, or BMP

Dimensions: Width 300 x Height 120 px



GBAA

Greater Buford Athletic Association

Sponsorship Acknowledgement Form

Tax ID: 84-2634078

Name of Sponsor: _____

Paid by: Cash: _____ Check #: _____

Donation Amount: _____



**P.O. Box 338
Buford, GA 30515**

Date
Sponsorship for the season/year:

GBAA Sponsorship Rep.

THANK YOU FOR YOUR SUPPORT OF BUFORD YOUTH BASEBALL & SOFTBALL