



La Mirada Pony  
Baseball Association

Tax I.D. # 54-2155987

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SPONSOR REGISTRATION FORM  
(PLEASE PRINT CLEARLY)

SPONSOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

TYPE OF SPONSORSHIP: LEAGUE: \_\_\_\_\_ TEAM: \_\_\_\_\_

IF A TEAM SPONSOR: TEAM NAME: \_\_\_\_\_

DIVISION: \_\_\_\_\_

AMOUNT OF DONATION: \$ \_\_\_\_\_

(PLEASE MAKE CHECK PAYABLE TO: L.M.B.A.)

The completed sponsorship form and check should be given to the Team Parent or mailed to:

L.M.B.A.  
P.O. BOX 206  
LA MIRADA CA 90637

\*\*\*\*\*THANK YOU FOR YOU CONTRIBUTION\*\*\*\*\*

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FOR LEAGUE USE ONLY:

Sponsor check number: \_\_\_\_\_ Amount: \_\_\_\_\_

League check number: \_\_\_\_\_ Amount: \_\_\_\_\_

League check payable to: \_\_\_\_\_

Manager's name: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_