

## **Lakeland Highlands Babe Ruth Baseball**

Sponsorship Agreement Form

501(c)(3) Nonprofit Organization

Tax Exemption Certificate Number: 85-8015153393C-9

### **Agreement Overview**

This Sponsorship Agreement (“Agreement”) is entered into by and between Lakeland Highlands Babe Ruth Baseball (“Organization”), a 501(c)(3) nonprofit organization, and the undersigned Sponsor. By signing this Agreement, Sponsor agrees to provide financial support at the sponsorship level indicated below, and Organization agrees to provide recognition and benefits as outlined in its sponsorship program.

### **Sponsorship Levels**

Please select one sponsorship level (check or initial):

- Single Sponsor – \$400
- Double Sponsor – \$500
- Triple Sponsor – \$750
- Home Run Sponsor – \$1,500
- MVP Sponsor – \$2,000+
- World Series Sponsor – \$7,000+

## **Terms & Conditions**

1. Use of Funds – Sponsor contributions will be used to support the mission, operations, and programs of Lakeland Highlands Babe Ruth Baseball.
2. Recognition – Organization will acknowledge Sponsor according to the sponsorship level selected, which may include signage, website recognition, announcements, and/or event materials.
3. Payment – Payment is due within 30 days of signing this Agreement unless otherwise arranged.
4. Non-Refundable – Sponsorship contributions are considered charitable donations and are non-refundable.
5. Non-Exclusivity – This Agreement does not grant exclusive rights unless otherwise specified in writing.
6. Term – This Agreement is effective from the date signed below and remains in effect for one (1) year unless renewed by mutual agreement.
7. Legal Standing – This Agreement represents the full understanding between both parties. Sponsor acknowledges that contributions may be tax-deductible as allowed by law.

**Sponsor Information**

Sponsor Name/Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Signatures**

Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Lakeland Highlands Babe Ruth Baseball Representative*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please remit payment to:

Lakeland Highlands Baseball

PO BOX 423 Highland City, FL 33846