



Miracle League of El Paso
Sponsorship Form

Miracle League of El Paso Team Sponsor _____ ***\$500 per year***

1 year commitment

- * *Company Name or Logo on player uniforms*
- * *Media recognition on all sponsor listings*
- * *Sponsorship plaque*

Sponsor Name _____
Address _____
City _____ **State** _____ **Zip Code** _____
Telephone _____ **Fax** _____ **Email** _____
Contact Person _____

Please remit sponsorship to: The Miracle League of El Paso

Contact Info:

Sandie Olivar c/o The Miracle League of El Paso

1312 Morgan Marie St.

El Paso, Texas 79936

(915) 872-9249 fax (915) 872-8549

Email: [Sandie Sparks-Olivar](mailto:Sandie.Sparks-Olivar) Or www.miracleleagueofelpaso.org

Please remit artwork for logo to be placed on uniforms and for any print media.