

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

PO Box 972508

El Paso, Texas 79997

(915) 779-4770 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.