

To Our Potential Central Citrus Little League Business Partners:

Thank you very much for taking the time and reading this sponsor letter. Central Citrus Little League would like to invite you to be a part of our exceptional local youth program. Without the support of the community, donors, and sponsors, CCLL would not be possible.

As the Fall Season approaches, it is that time of year for us to seek sponsors for our league. Our goal is to make the program even better than before. Therefore, we are humbly requesting your support to help build a stronger foundation for the youth in this community. Not only do we need businesses like you to help us grow, but this is also a great opportunity to promote and advertise your business.

CCLL is a chartered member of Little League International and operates as a 501c(3) non-profit organization. All donations are tax deductible. Our Tax ID number is 59-3433282.

Enclosed you will find details of our sponsorship packages and form. Any and all donations are greatly appreciated. Thank you in advance for your generous support.

If you have any questions, please feel free to contact Danielle Green at 352.257.2361 or email board.ccll@gmail.com.

Sincerely,

Central Citrus Little League www.centralcitrusll.com

Please fill out and return the following form enclosed. Kindly make checks payable to: CCLL



SPONSORSHIP PACKAGES

TEAM / SIGN COMBO SPONSORSHIP	SIGN SPONSORSHIP	TEAM SPONSORSHIP	PARTNER SPONSORSHIP
- A 4' x 8' sign placed on the outfield fence	- A 4' x 8' sign placed on the outfield fence	- Business name on the back of one (1) team's uniforms (FALL ONLY)	- Link to the business web page on the CCLL website
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Returning Sponsor \$300 New Sponsor \$350	Returning Sponsor \$175 New Sponsor \$275	FALL SEASON All Sponsors \$200	ALL SPONSORS \$50
SPRING AND FALL Returning Sponsor \$425	SPRING AND FALL Returning Sponsor \$300		
New Sponsor \$475	New Sponsor \$400		



SPONSORSHIP FORM

Please choose a Sponsorship Package:				
New Team / Sign Combo Sponsor **	Returning Team / Sign Combo Sponsor			
New Sign Sponsor	Returning Sign Sponsor			
Team Sponsor	Partner Sponsor			
Please choose desired season(s): Spring	Fall Spring & Fall			
Name of Business / Company:				
Contact Person:	Phone #:			
Mailing Address:				
Email:	l: Website:			
Facebook: Yes No Facebook Page:				
TOTAL SPONSORSHIP PAYMENT TO CCLL: \$	CHECK #			
A COPY OF THIS FORM WITH PAYMENT MUST BE MAILED TO: CCLL PO BOX 586, LECANTO, FL 34461				
** ATTENTION SPONSORS **				
NEW SIGN SPONSORS: Please provide a business card / logo for signage display				
TEAM SPONSORS please provide the following:				
Sponsor name as it is to appear on back of the uniform:				
Please designate a coach / age group of the team you we	ould like to sponsor:			