

# Prince William Lassie League

## Girls Slow Pitch Softball

P.O. BOX 1706 • WOODBRIDGE, VA 22195-1706

### TEAM SPONSOR COMMITMENT FORM

The Prince William Lassie League is a non profit organization that relies on the support of our sponsors and members of the community in order to provide a recreational softball league for girls ages 5 – 18 in Prince William County. Your generosity allows us to keep registration fees down, which enables more Prince William County girls to play slow pitch softball each spring.

I would like to sponsor:  Any Team  Name of a Specific Team: \_\_\_\_\_

Organization / Business Name (EXACTLY as it should appear on the league website, sponsor directory and team banner): \_\_\_\_\_

Email your company logo, art, etc. to [Sponsors@pwll.org](mailto:Sponsors@pwll.org).

Business Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

We authorize PWLL to publish our URL & company logo on the PWLL web site.

Contact Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Would you like: (please check all that apply)\*

Sponsor Plaque w/ team picture

Sponsor Name(s) on team banner

Sponsor Name(s) listed on website

Sponsor Name(s) included in email to league members

Team Incentives

**\*Sponsor commitment form must be received by April 1st to be eligible for a team sponsor plaque. We will try to accommodate late Sponsor submissions, but it is not guaranteed.**

If so, where would you like us to send your sponsor plaque at the end of the season? \_\_\_\_\_

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

I will pay as follows:

\_\_\_\_\_ I have enclosed a check in the amount of \$250.00 payable to PWLL.

\_\_\_\_\_ I will pay \$250.00 on or before April 1.

\_\_\_\_\_ I would like to pay by Visa/Mastercard.

**PAYMENT OPTIONS: Mail in or give coach form w/ check or cc info.**

Any payment questions contact: Marvila Arevalo, Treasurer via email: [treasurer@pwll.org](mailto:treasurer@pwll.org). If paying by CC, please mail your form in or have your team coach turn it in. This is to protect your CC information. Thank you.

MasterCard  VISA

CREDIT CARD NUMBER: 

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SECURITY CODE

ON BACK OF CARD 

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Month Year

EXPIRATION DATE

CARDHOLDER NAME:  
(Please Type or Print)

CARDHOLDER  
SIGNATURE:

Please Mail this form, along with payment to: PWLL, P.O. BOX 1706, WOODBRIDGE, VA 22195-1706.

Tax ID: 51-0212648

Director Ways and Means • PH: (571) 494-7762 • [Sponsors@pwll.org](mailto:Sponsors@pwll.org)