



Issaquah Little League

CORPORATE SPONSORSHIP OPPORTUNITIES

Grand Slam Partner (Limited availability) \$1,000.

- Year round permanent outfield, exterior foul line or dugout advertising signage. Signage production cost to be borne by advertiser/donor. Signs to be produced by Issaquah Signs. Estimated cost is \$250 to \$500.
- Prominent link on the Issaquah Little League “sponsors” website as a Grand Slam Partner.
- First right of refusal for annual renewal to maintain signage location.

Home Run Partner (Limited availability) \$ 500.

- Year round permanent interior foul line fence advertising signage. Signage production cost to be borne by advertiser/donor. Signs to be produced by Issaquah Signs. Estimated cost is \$250 to \$500.
- Prominent link on the Issaquah Little League “sponsors” website as a Home Run Partner.
- First right of refusal for annual renewal to maintain signage location.

Triples Partner \$ 250.

- Prominent link on the Issaquah Little League “sponsors” website as a Triples Partner.
- First right of refusal for annual renewal and option for participation as Grand Slam or Home Run Partner as space becomes available.

Doubles and/or Singles Partner \$ 100 or \$50.

- Prominent link on the Issaquah Little League “sponsors” website as a Doubles or Singles Partner.



Issaquah Little League

Yes we want to support Issaquah Little League! Please sign us up for the following sponsorship package:

- _____ Grand Slam Partner (\$1,000)
- _____ Home Run Partner (\$500)
- _____ Triples Partner (\$250)
- _____ Doubles Partner (\$100)
- _____ Singles Partner (\$50)

Website URL for listing on Sponsors section of www.issaquahlittleleague.org:

_____ (please write *anonymous* if you want your donation to be private, otherwise write in the applicable website reference above.

Company Name: _____ (Your name here)

Phone Number _____ (Your phone number here)

PAYMENT INFORMATION:

_____ Check enclosed (please make payable to Issaquah Little League and mail to P.O. Box 488 Issaquah WA 98027)

_____ Visa or Mastercard number _____
 _____ Expiration Date _____
 _____ Name on Card _____
 _____ Billing address for card _____

_____ Bill Me (\$25 billing fee to apply). Address for Bill: _____

ANY QUESTIONS PLEASE CALL GLENN MEYER AT (206)574-5480.

THANK YOU!!!!!!