



Quad City Hitmen Baseball & Softball Academy **Sponsorship Form**

Sponsor Name _____

Contact Person (If Business) _____ Phone _____

Address _____

Please Indicate Sponsorship Type:

_____ Player Sponsor Name of Player _____ Amount _____

 Name of Player _____ Amount _____

 Name of Player _____ Amount _____

_____ Team Sponsor Name of Team _____ Amount _____

 Name of Team _____ Amount _____

 Name of Team _____ Amount _____

_____ Organization Sponsor Quad City Hitmen Baseball _____ Amount _____

 Quad City Hitmen Softball _____ Amount _____

Sponsorship forms and checks can be mailed to:

Quad City Hitmen
PO Box 71
Milan, IL 61264