



## SPONSORSHIP FORM

Thank you for your interest in the WAVES Organization. We hope you will agree that we have one of the most talented rosters in the Richmond Area, and we look forward to a successful season. Please review our mission statement, as well as our sponsorship opportunities. If you have any questions please contact Coach Richard Barlow (804) 640-5763. Sponsorship checks are to be made payable to the **WEST END WAVES** and mailed to 7271 Cornfield Ct, Mechanicsville VA 23111.

We recognize that we cannot fulfill our mission without the financial support of our member families and generous sponsors. Sponsorship allows our players to compete around the region, covering tournament and travel-related expenses.

### Waves Fastpitch Mission Statement

The mission of WEST END WAVES FASTPITCH ORGANIZATION is to create a healthy, competitive, drug-free environment where girls and young women can build their skills as athletes and people. We strive to afford opportunities to develop and enhance softball skills to compete at the high school level and beyond. Our athletes are encouraged to develop confidence, high self-esteem, and respect for the game to better support their future roles as quality citizens.

#### We have 3 levels of Corporate (or individual) Sponsorship:

<b>Gold Sponsor \$1,000.00</b>	<b>Silver Sponsor \$500.00</b>	<b>Bronze Sponsor \$250.00</b>
Receive a team plaque with picture and acknowledgment on our web site.	Receive a frame team picture and acknowledgment on our web site.	Will receive acknowledgment on our web site.

Team Player sponsor ANY AMOUNT will receive the satisfaction that they helped a player reach her goal at playing fastpitch softball at her highest level.

For additional information concerning our organization, please visit us at [www.westendwaves.com](http://www.westendwaves.com)

Complete this form and email your digital logo (or business card to scan) to [vicepresident@westendwaves.com](mailto:vicepresident@westendwaves.com).

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Name of Sponsor (Individual or Business) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Contact Phone \_\_\_\_\_ Amt of Sponsorship \_\_\_\_\_

We will provide a letter of receipt for your generosity. On behalf of the Players and their families, Thank you!