



# Sponsor Form

Business Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Team/ Child's name or specify league \_\_\_\_\_

sponsorship: \_\_\_\_\_

Sponsorship \_\_\_\_\_

Amount: \_\_\_\_\_

Royal Sponsors: Please attach print ready art work for banner.

Please make Checks payable to: LHJAA.

P.O. Box 102

La Habra, CA 90633-0102

Thank you for supporting our program and children.