



9100 Commerce Circle
Trafford, PA 15085
412-380-7000
412-380-7004 (fax)
www.allamericanbaseballcenter.com

Sponsorship Opportunities

Diamond Sponsor \$5,000

- **Your business name will be designated as the official sponsor of our indoor field (e.g., XYZ Field) for 3 years.**
- Business name and link advertised on the All American Baseball Center Home Page
- 3' x 8' Banner displayed in the All American Baseball Center
- Recognition in All American Baseball Center print advertisements

Grand Slam Sponsor \$2,500

- Your business logo will appear on all AAU team uniforms
- Business name and link advertised on the All American Baseball Center Home Page
- 3' x 8' Banner displayed in the All American Baseball Center
- Recognition in All American Baseball Center print advertisements

Home Run Sponsor \$1,000

- Business name and link advertised on the All American Baseball Center Home Page
- 3' x 5' Banner displayed in the All American Baseball Center
- Recognition in All American Baseball Center print advertisements

Inside the Park Sponsor \$750

- Business name and link advertised in the Sponsorship area of our website
- 3' x 5' Banner displayed in the All American Baseball Center
- Recognition in All American Baseball Center print advertisements

Sandlot Club

\$350

- Business name and link advertised in the Sponsorship area of our website
- Your name or company name permanently displayed on our Sponsor Board via a Sponsor Recognition Nameplate

Unless otherwise noted, above terms are for one year. Please include all camera ready artwork for your banner or email artwork to info@allamericanbaseballcenter.com. Forward completed form and payment to the above address.

Sponsorship Form

Name of Sponsor _____ Contact _____

Address _____ Phone _____

_____ Fax _____

Email _____

- Diamond Sponsor (\$5,000)
- Grand Slam Sponsor (\$2,500)
- Home Run Sponsor (\$1,000)
- Inside the Park Sponsor (\$750)
- Sandlot Club (\$350)
- A \$ _____ check made payable to All American Baseball Center is enclosed.
- I would like to pay by credit card

Name on Card: _____

Card No.: _____

Exp. Date: _____

Total Amount Charged: _____

- Visa
- Mastercard

Completed application and payment should be sent to:

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