



PLEASE RETURN THIS FORM BY MARCH 15th

FEE ENCLOSED: \$159

**MAIL TO: BOYS ASSOCIATION OF LACKAWANNA, INC.
P.O. Box 373
Lackawanna, NY 14218**

SPONSORS NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____ HOME/CELL _____

TITLE: _____

EXACT NAME THAT YOU
WOULD LIKE TO APPEAR
ON TEAM JERSEYS.
(PLEASE LIMIT YOUR
LETTERS – WE WILL DO
OUR BEST.)

I AM UNABLE TO SPONSOR A TEAM, BUT WOULD LIKE TO MAKE A DONATION OF _____

Authorized Signature