



2010 ARMONK BASEBALL LEAGUE INAUGURAL GRAND SLAM CELEBRATION

HONORING IBM AND THE MIRACLE LEAGUE OF WESTCHESTER

All Proceeds to Benefit Armonk Baseball League and the Miracle League of Westchester

Event Chairs – Kelly & Richard Wietsma and Melissa & Robert Horowitz

Friday, June 18, 2010 * Mt. Kisco Country Club * 10 Taylor Road * Mt. Kisco, NY * 7:00 pm

SPONSORSHIPS

___ **PLATINUM GRAND SLAM SPONSORSHIP - \$10,000:** Includes 8 tickets to Grand Slam Celebration, Championship Banner at ABL's Flagship Clark Field*, Recognition on Cover of Event Journal, Full page Ad with premium placement and Media Recognition

___ **GOLD HOME RUN SPONSORSHIP - \$5,000:** Includes 4 tickets to Grand Slam Celebration, Banner at ABL's Flagship Clark Field*, Recognition in Event Journal, Full page Ad with premium placement and Media Recognition

___ **SILVER TRIPLE SPONSORSHIP - \$2,500:** Includes 4 tickets to Grand Slam Celebration, Sign at IBM Fields, Recognition in Event Journal, Half page Ad and Media Recognition

___ **BRONZE DOUBLE SPONSORSHIP - \$1,000:** Includes 2 tickets to Grand slam Celebration, Sign at IBM Fields, and Recognition in Event Journal

___ **ABL PINCH HITTER - \$500:** Includes 2 tickets to Grand Slam Celebration and Recognition in Event Journal

___ **TICKETS - \$150**

___ **I CANNOT SPONSOR THE EVENT BUT I WISH TO MAKE A DONATION**

AMT \$ _____

___ **Special Recognition Page Copy will be e-mailed/is attached - (must be received by May 18th)**

*Banners to be displayed at ABL's Flagship Clark Field throughout the spring, summer and fall season. Banner to be moved to all fields for our premiere annual events (Memorial Day Classic, Opening day festivities and League Championships)

LISTING FOR SPONSORS: Please print your name as you would like it to appear in the EVENT JOURNAL.

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone: (required) _____ Email: (required) _____ Website: _____

PAYMENT INFORMATION

Check: Please make payable to **Armonk Baseball League**

Credit Card: VISA/MC/AMEX Card #: _____ Card Expires: _____

Amount: _____ Name on card: _____

Signature: _____

Please FAX/MAIL form to: MELISSA HOROWITZ * 32 North Lake Road, Armonk, NY 10504 * FAX: 914-273-1985 *

For information or questions please call or e-mail: KELLY WIETSMA *TEL: 914-261-6379 * e-mail: equisponse@aol.com

ABL Contact _____