

EQUIPMENT DONATION FORM

Donation Date: Type of Donor/Donation:			
Individual	Company	League	
Other: (please	provide detail)		
Oraganization / Co	mpany Name:		
Name:			
		or, list how you would like your name listed in publications)	
Parent(s) Name(s): (for children under 18)			
Address:			
		State: Zip:	
E-Mail Addr	ess:		
Phone Num	ber:	T-Shirt Size:	
How did you find S	ΓA On The Field?		
What do you love m	nost about baseball, s	softball, or youth sports?	
with your handles	so we can tag you:	ng you or your organization on social media, please provide t Facebook:	sı
iiistagiaiii		Facebook	
		our quote/story in promotional pieces (i.e website, brochure	es,
social media)?	Yes	No	
Are you interested interested in:	n future volunteering	opportunities with STA On The Field? Please check those yo	ou are
•	-	Assistance Special Skills (marketing, etc) pard of Directors/Advisor	