



KATY GIRLS SOFTBALL ASSOCIATION

VENDOR REQUEST FORM

Company Name: _____

Type of Business: _____

Contact Name: _____ Phone Number: _____

Email: _____

Options: (check one)

- **\$300 – All Season Access** (eligible to setup during Opening Day and ALL league game days)
- **\$100 – One Day Access** (eligible to setup during Opening Day or any 1 game day)

Vendor agrees to pay KGSA \$300 for the season or \$125 per day on or before their assigned day(s). Vendor is responsible for locating the board member on duty to check-in and ensure payment has been received.

I accept the above terms (initials) _____

Payment Options: (check one)

- PayPal – KGSA1981@gmail.com
 - Include Name of Company in the message section
- Check – Make payable to: KGSA
 - Check #: _____

Vendor must list the Company and Date(s) they are requesting on the check

Email Completed forms to: Claudia.KGSA@gmail.com

Received by: _____ Date: _____

KGSA Board Member

On behalf of Katy Girls Softball Association, THANK YOU for your support. Your contribution will support youth softball players and their families by helping to provide a safe, accessible and affordable program at KGSA.