



## 2020 STAY IN SOFTBALL DONATION REQUEST FORM

**Name:** \_\_\_\_\_  
(if you are not the coach, please state your relation to the team)

**Contact Information: (email/phone or text):** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Head Coach's Name & Contact Information:** \_\_\_\_\_

\_\_\_\_\_

**When Does Your Season Start/End:** \_\_\_\_\_

**What Assistance Does the Team/Player Need (please prioritize your list):**

\_\_\_\_\_

\_\_\_\_\_

**Explain Any Financial Hardship(s) Your Team and/or its Players/Families Have:**

\_\_\_\_\_

\_\_\_\_\_

**Other Comments:** \_\_\_\_\_

---

Return form to **Stay in Softball:**

**Email:** [stayinsoftball@gmail.com](mailto:stayinsoftball@gmail.com);

**Fax:** (440)543-7649

**Mail:** 464 Falls Rd. Chagrin Falls, OH 44022