

SPONSORSHIPS

OUR MISSION: To Develop Athletes in competitive club environments and Impact their Faith through influence of Coaches. Fellowship of Christian Athletes (FCA) is a non profit organization. Your sponsorship will help these players experience a Christ-centered, developmental and competitive season, while they positively influence opponents, umpires and fans.

If you want to be included in our team banners and program, deadline to submit payment is **March 1st, 2026.** FCA Sponsorships are tax-deductible with 12% going to headquarters for processing. If you do not need/want the tax deduction, 100% of your contribution can go to the team. Just contact that team for whom to make the check out to. Please include the detached portion below with your payment to FCA or Team.

Single - \$250

Logo and link on website

Double - \$500

Logo and Link, 1/4 page Ad in 1st Annual FCA Sports Program

Triple - \$750

Logo and Link, 1/4 page Ad in 1st Annual FCA Sports Program, logo on all team Banners

Homerun - \$1000

Logo and Link, 1/2 page Ad in 1st Annual FCA Sports Program, logo on all team Banners

Uniform Sponsor - \$\$\$

Logo and Link, FULL PAGE Ad in 1st Annual FCA Sports Program, logo on all team Banners*

Team Sponsor - \$\$\$

Logo and Link, INSIDE COVER or BACK COVER Ad in 1st Annual FCA Sports Program, logo on all team Banners, Trophy Bat*

**Uniform and Team Sponsorship amounts may vary per team. Contact team rep/coach to confirm amounts.

Save this portion for you	ir records.	
Date: Payment Method: Check# *if cc please scan the to proceed. Amount: Sponsorship Level Selected: Team Sponsored: FCA Sports Contact info: www.fcasportsidsaho.org/contact		
Please fill out the information below and detach here and i	include this portion with your check payment:	

Write check to Fellowship of Christian Athletes.

Mail checks to: FCA NNU Box 3359 623 S University Blvd Nampa, ID 83686 United States *Not a PO Box* Date:_____ Point of Contact:_____ Email: _____ Business Name:____

Business Website:

Payment Method: Check#_____
Amount:______ Sponsorship Level Selected:_____

Team Sponsored: Program Sponsored: Baseball or Softball