

Opportunity Through Baseball Equipment Disbursement Request Form

Requesting Organization Name: _____

Contact Name: _____ Title/Capacity: _____

Type/Nature of Organization: _____

Organization Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Organization Telephone: _____

(Include country code if outside of U.S. or Canada)

Contact Address (if different from above): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Telephone: _____

(Include country code if outside of U.S. or Canada)

Organization website/URL: _____

Contact Email Address: _____

Organization EIN/Federal Tax ID Number (if applicable): _____

Is your organization 501(c)(3) or otherwise regarded by the United States Internal Revenue Service as tax exempt? Yes No

Number of youth/student participants/members of your organization (approximate if exact number not known): _____

Ages are the youth/student participant/members (please list range; example: K-5th grade or 6-17 years old): _____

To what address would you prefer correspondence and equipment (if granted) from OTB sent? **Please note this may NOT be a P.O. Box.*

Organization Address Listed Above

Contact Person's Address Listed Above

Other Address (not listed above) : _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Please briefly describe your organization's need/reason for requesting equipment from OTB: _____

Please briefly describe how your organization plans to use/disburse equipment, if granted: _____

Is there a date by which your organization requests to receive equipment from OTB, if application is approved? Yes No

If yes, please list preferred date: _____

Opportunity Through Baseball Equipment Disbursement Request Form

Please check all equipment needs of the organization that apply. Please include the quantity of each item needed (estimate if exact quantities are not known), and write in the space corresponding with each item listed.

Baseballs _____

Batting Gloves _____

Softballs _____

Protective Gear _____

Bats _____ / Preference: Aluminum Wood

(Please attach list of requested items – elbow/knee/ wrist guards/braces; (OTB does not disburse athletic cups.)

Left-handed Gloves _____

(To be worn on the player's RIGHT hand)

Right-handed Gloves _____

(To be worn on the player's LEFT hand)

Set(s) of Catcher's Gear _____ / Preference: Left Right

(One set includes catcher's mitt, mask, & protective gear)

Other _____

Other _____

Batting Helmets _____

Other _____

Cleats/Spikes _____

(Please attach list of shoe sizes and specify boys/girls/men's/women's sizes)

I, _____, on behalf of _____ assert that the information listed hereon is true and accurate to the best of my knowledge.

Signature

Date

Please contact us at 540.318.0014 or amy@openyourglove.org with any questions.

Please submit completed form to Opportunity Through Baseball:

By mail to: 3047 Fresh Meadow Lane / Salem, Virginia 24153 / USA

By email to: amy@openyourglove.org

By fax to: 540.318.0014

An incomplete form may result in a delay in the processing of your request. Please be sure that all fields are filled out prior to the submission of your application. Opportunity Through Baseball, Inc. will review and process requests for equipment disbursement in the order in which they are received. You will be notified within 10 days of the receipt of your request of your application status. You may be contacted by an OTB representative during your application review in the event that additional information is required. OTB will never share or use your personal or organization's information for any purposes other than the determination of your eligibility for equipment.