



Minor Oaks Hockey Association

SPONSORSHIP APPLICATION 2009 – 2010

Company Name: _____

Contact Name(s): _____

Address: _____ City: _____ P/C: _____

Phone: _____ Cell: _____ Fax: _____

Email Address (required for receipt): _____

Name on Jersey: _____

(PLEASE PRINT USING BLOCK LETTERS AS THIS IS HOW IT WILL APPEAR ON THE JERSEY)

Authorized Signature: _____ Date: _____

No. of Teams you wish to sponsor: _____ Total Sponsorship: \$ _____

TEAM SPONSORSHIP FEE: \$500 Per Team

Preferences and Requests

Does your sponsorship follow you as coach? No Yes Division: _____

Does your sponsorship follow your child? No Yes Child's Name: _____

Do you have a preferred jersey colour? No Yes Colour: _____

THE MOHA WILL MAKE EVERY EFFORT TO FULFILL REQUESTS, ALTHOUGH NOT ALL CAN BE GUARANTEED.

OFFICE USE ONLY

Payment Type: Cheque Cash Other _____ Date Received: _____

Amount Received: \$ _____ Received By: _____

**1026 Speers Rd, Unit 8 & 9, Oakville, Ontario L6L 2X4
Ph: 905-338-9220 Fx: 905-338-9677**