



MEADOWVALE MINOR HOCKEY ASSOCIATION

(AN AFFILIATE OF THE MISSISSAUGA PARKS AND RECREATION DEPARTMENT)

Rep 'A' / Gold Sponsorship Application

We wish to confirm that we would like to sponsor the Meadowvale "Team Name" 'A' Hockey team for the 2017/2018 hockey season.

Company: _____

Address: _____

City: _____ Postal Code: _____

Contact: _____ Web page: _____

Tel. No.: _____ Fax No.: _____

Authorized by: _____ Title: _____

Signature: _____ e-mail: _____

Payment Amount: \$

Sponsor Name to appear on Jerseys: _____

Artwork/Logo required: Y N Artwork on file: Y N Team #(if known) _____
(For any new sponsors with a logo, please include applicable art work - vectored EPS preferred)

Sponsor plaque required: Y N (\$25 will be deducted from any money returned to the team)

Terms: Payment must accompany this application. This application will be your invoice and you will receive a copy of it once it has been approved.

Please make cheque payable to: "**Bank Account Name**"

MMHA Use Only

Accepted by: Sponsorship Director _____ Date: _____

Accepted by: VP Finance _____ Date: _____

Please return completed application and cheque to "Team Manager"