

COON RAPIDS YOUTH HOCKEY ASSOCIATION

11091 Mississippi Blvd., Coon Rapids, MN 55433
Attn: Sponsorship Coordinator

General Association Sponsorship Form

DasherBoard in the Arena

Sponsoring Organization: _____

Contact Name: _____

Address: _____

Telephone #'s: _____

Email: _____

Hockey Season of Coverage: _____

Sponsor agrees to pay \$ _____ for the CRYHA season of _____ (Season of sponsorship), this sponsor understand they will be given a Dasherboard in the Arena, they also will have their name listed in the arena board w/ all other team sponsors and association sponsors. These checks can be made payable to CRYHA. Please mail all checks to the address listed above: Attn Sponsorship Coordinator, if you have any questions please feel free to contact myself, Rachel Johnson-Gulbrandson @ 763-772-2964 or via email @ johnsonr@autonation.com.

Sponsor

Date

CRYHA Representative/Team Manager

Date