

**COON RAPIDS YOUTH HOCKEY ASSOCIATION**

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

**General Association Sponsorship Form**

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