

COON RAPIDS YOUTH HOCKEY ASSOCIATION

11091 Mississippi Blvd., Coon Rapids, MN 55433

Attn: Sponsorship Coordinator

A Non-Profit Organization

Individual Team Sponsorship Form

Sponsoring Organization: _____

Contact Name: _____

Address: _____

Telephone #'s: _____

Email: _____

Representing(Specific Team): _____

Hockey Season of Coverage: _____

Sponsor agrees to pay \$ _____ for the CRYHA season of _____ (Season of sponsorship), this sponsor understand they will be given a plaque/tag in the picture case where the team is listed, 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 either give payments to the team manager or you can 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