

**OAKRIDGE MINOR HOCKEY**  
**TEAM SPONSORSHIP FORM**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Web Site Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Sponsor Child's Name (if appl.) \_\_\_\_\_

**PLEASE PRINT CLEARLY AND IN BLOCK LETTERS**

**TEAM SPONSORSHIP FEE (\$500 PER TEAM)**

# of teams you wish to sponsor: \_\_\_\_\_ Total Sponsorship: \$ \_\_\_\_\_

Division(s): NOVICE \_\_\_\_\_ ATOM \_\_\_\_\_ PEEWEE \_\_\_\_\_ BANTAM \_\_\_\_\_ MIDGET \_\_\_\_\_

ANY DIVISION, where needed \_\_\_\_\_

Special instructions: \_\_\_\_\_

ALL requests will be fulfilled on a first come, first served basis.

COMPANY LOGO: Please forward an electronic file with your company logo and other pertinent information to JP Mousseau - sponsors@oakridgeaeroshockey.ca

\_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHEQUES TO BE MADE PAYABLE TO: **OAKRIDGE MINOR HOCKEY**

**Return completed form and remit payment to:**

**Oakridge Aeros Hockey Association**

P.O. Box 28016

Oakridge R. P. O.

London, Ontario, Canada

N6H 5E1

**THANK YOU FOR SPONSORING THE YOUTH OF OAKRIDGE MINOR HOCKEY**