



West Hartford Youth Hockey Association  
SPONSOR SELECTION FORM

2016-2017 Season

P.O. BOX 270695

West Hartford, CT 06127-0695

**Gold \$5000** \_\_\_\_\_ **Silver \$2500** \_\_\_\_\_ **Bronze \$1250** \_\_\_\_\_

**IN-HOUSE TEAM SPONSOR \$350** \_\_\_\_\_

Business Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Business Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

Name of referring player (if applicable) \_\_\_\_\_

Please select payment method:

Check \_\_\_\_\_

Credit Card \_\_\_\_\_

Please send invoice \_\_\_\_\_

Auth. Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

VISA Credit Card Number \_\_\_\_\_

MasterCard Exp. Date \_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_

Credit Card Billing Address if different then above:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cardholder's Signature

Please email a company logo to: [edrapacky@gmail.com](mailto:edrapacky@gmail.com) & [webmaster@westhartfordhockey.com](mailto:webmaster@westhartfordhockey.com)