

**Chilliwack Minor Hockey Association**

5725 Tyson Road, Chilliwack, BC V2R 2L1

**Mailing Address**

P.O. Box 2416 Station Sardis Main, Chilliwack, BC V2R 1A7

**Tel**: 604-858-6031

**E-Mail**: [info@chilliwackminorhockey.com](mailto:info@chilliwackminorhockey.com) / **Web Site**: [www.chilliwackminorhockey.com](http://www.chilliwackminorhockey.com)

**Returning**

**Sponsors Agreement**

|  |  |
| --- | --- |
| Sponsor Name |  |
| Address |  |
| City |  |
| Postal Code |  |
| Phone |  |
| Email |  |
| Contact Name |  |

**Terms of Sponsorship**

Funds raised this season will help keep fees reasonable and go on to support the development of Chilliwack’s Hockey players as they pursue their love for hockey. We will recognize your company with a name bar advertisement of your company’s business name on our jerseys.

Check the box below of your choice for the sponsorship for Chilliwack Minor Hockey Association

|  |  |  |
| --- | --- | --- |
|  | $500 | Sponsor recognized on either home or away jerseys for one team. |

|  |  |  |
| --- | --- | --- |
|  | $1,000 | Sponsor recognized on both home and away jerseys for one team. |

|  |  |  |
| --- | --- | --- |
|  | $2,000 | Sponsor recognized on both home and away jerseys for 3 teams of choice. |

**Team(s) of Choice & Term Length**

Example : Peewee C2 2 Year Term

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

Sponsors not only benefit from this wide spread advertising, but will also receive a receipt for their contributions, and the knowledge that they are contributing to the success of our 800 grateful and talented young hockey players.

**Terms of Payment**

If paying in full the amount is due upon signing the Sponsorship Agreement. Cheques are to be made payable to Chilliwack Minor Hockey Association.

The Chilliwack Minor Hockey Association agrees to purchase and make available to a team in the division you have indicated, jerseys bearing the sponsor name and/or logo, and agrees the team shall wear the jerseys at home and away games for the term of this sponsorship.

The sponsor agrees to make payment(s) as outlined above.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­



Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for sponsoring with Chilliwack Minor Hockey Association!

