

Sponsorship Confirmation

Company Name: _____

Address: _____
(street address, city, postal code)

Contact Name & Title: _____

Phone: _____ Email: _____

Sponsorship Level – Select 1

- Presenting Sponsor \$2000
- Division Sponsor \$1000 Select 1: U19 U17 U15 U13 U11
- Ball Hockey Super Fan \$200
- Product Donor Cash Value: _____

Will you provide any of the following for the event:

- Signage Describe: _____
- Program Advertisement

Add any other information:

Submit the following to [\[i\]](#) _____

- This completed form
- Logo in both vector and jpg/png
- Print program advertisement (due by June 30)

For more information: www.wccballhockey.com