

SPONSORSHIP INFORMATION FORM

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Player Name:
Team:
Player Email and Mailing Address:
Amount of Sponsorship (\$):

Please make all cheques payable to: Lambton Jr Sting AAA Hockey Association

Form Part 1 is your receipt.



FORM PART 1: RECEIPT

SPONSORSHIP INFORMATION FORM

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Form	Part	2

Business Name:
Business Contact:
Telephone:
Email:
Player Name:
Team:
Sponsorship Amount:

Form Part 2 will accompany the payment to Lambton AAA – Give to Manager who will forward to Treasurer).

