



ENFIELD HOCKEY ASSOCIATION

P.O. Box 3416, Enfield, CT 06083

2016 - 2017 Sponsor Program

Name of Business: _____

Address of Business: _____

Phone Number: _____ **Contact Person:** _____

Email Address: _____ **Business Web Site:** _____

Amount of Sponsorship:

\$1,000 – Stanley Cup Sponsor _____ **\$200 – Playmaker Sponsor** _____

\$750 – Hat Trick Sponsor _____ **Other (Please specify amount)** _____

\$500 – Goal Sponsor _____ **T-Shirt Size** _____

Please make all checks out to the “Enfield Hockey Association” and send it with this completed form to:

Enfield Hockey Association

P.O. Box 3416

Enfield, CT 06083

Upon receipt of your completed sponsorship form and funds, EHA will contact you to verify the information stated above and collect any additional material needed, such as your company logo or business card, to start providing you with the benefits outlined in our sponsorship program.

As a way to help offset player fees, EHA families are encouraged to help recruit sponsors from local companies. If an EHA family contacted you about this sponsorship, please provide their name below, so the proper credit can be given to them.

EHA Player / Family Designation: _____