



SPRING-FORD ICE HOCKEY

Corporate Sponsorship Application

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone Number: _____

Website URL: _____

Name of Player: _____

Sponsorship Level: Platinum (\$1000) _____ Gold (\$500) _____ Silver (\$250) _____

***Please make check payable to Spring-Ford Ice Hockey Club and mail this form and payment to:

Spring-Ford Ice Hockey Club
P.O. Box 1132
Oaks, PA 19456-1132