



Whitchurch-Stouffville Minor Hockey Association

P.O. Box 976, Stouffville, Ontario L4A 8A1
Phone: 905-642-2835. Fax: 905-642-4843
www.wsmha.com info@wsmha.com

The WSMHA are in the planning stages for the upcoming season. Having said that, one key component to having children participate in hockey is house league sponsorship. Your support helps tremendously offset some the costs associated with rostering a team. Some of which include ice time, referees, jerseys, etc. So, thank you for allowing our Stouffville hockey players the opportunity to proudly wear your company's name on their jerseys!

It is our hope that your generosity will continue in the upcoming 2025- 2026 season. I am reaching out today with the hope that you will be able to respond with a confirmation of your company's intention to sponsor a hockey team. It includes your company's information on our website banner, a sponsorship plaque, and your company logo on the player's team jerseys. Receipts are also available for tax purposes. If by chance the season were to be cancelled, you would receive a full refund for your sponsorship fee. The sponsorship fee is \$750.00 per team which is to help cover the cost of a set of team jerseys and socks.

Attached, please find the registration form. If you can please complete and return to me at your earliest convenience with your company logo and payment, we will ensure everything gets processed asap. If you prefer to register online, you can do so here: <https://wsmha.com/Pages/7689/Sponsors/> Payments can also be made via credit card by using the form below, by calling our hockey office during the office's business hours or by e-transfer at info@wsmha.com. Reach out to the office to set up a password for the e-transfer.

Thank you in advance for your support! It is greatly appreciated. Please do not hesitate to call me anytime with any questions or if I can provide further information. I can be reached at sponsorship@wsmha.com

I look forward to speaking with you soon.

Matt Serrano
Director, Sponsorship
WSMHA



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House League Sponsorship Remittance Form

Company Name: _____

Contact Person: _____

Contact Number: _____

Would you like a team plaque at no cost?

Would you rather have a team jersey instead of a plaque?

Do you need an official receipt?

Division(s) You wish to sponsor.

Under 8

Under 9

Under 13

Under 15

Under 21

No preference

Player associated with sponsorship (if applicable)

Player Name: _____

Division player is registered in (if known): _____

The listed player must be registered for the season to be placed on any team. Sponsorship does not guarantee placement of said player.

Jersey Information

Colour availability will vary by division. We do our best to accommodate your preference. We will be selecting on a first come basis.

Colour Preference #1 _____

Colour Preference #2 _____

Additional comments:

Company Logo

Artwork for screening jersey must be emailed to us. Preference is for an "ai" or EPS" file.

Additional comments:

Payment of \$750 must be remitted to the office after this form has been submitted to secure sponsorship. Credit cards can be accepted by calling the office during our office business hours.



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Credit Card Payment Authorization Form

Name of Cardholder _____
(As it appears on the card)

Card Type Visa Mastercard

Amount to be Charged _____

Card Number _____

Expiration Date: Month _____ Year _____

Company Name _____
(If applicable)

Email address (for receipt to be sent) _____

Reason for Payment: _____

I authorize the WSMHA to charge my credit card one time only.

Signature

Date