



Whitchurch-Stouffville Minor Hockey

P.O. Box 976, Stouffville, Ontario, L4A 8A1

Phone: 905-642-2835 Fax: 90-642-4843

www.wsmha.com info@wsmha.com

House League Sponsorship Remittance Form

Company Name: _____

Contact Person: _____

Contact Number: _____

☐ Would you like a team plaque at no cost? ☐ Do you need an official receipt?

Division(s) You wish to sponsor

☐ Under 7 (U7)

☐ Under 8 (U8)

☐ Under 9 (U9)

☐ Under 11 (U11)

☐ Under 13 (U13)

☐ Under 15 (U15)

☐ Under 21 (U21)

☐ 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 \$600 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.

Any questions, please contact Nunzio at clippersstouffville@gmail.com