



**MANCHESTER REGIONAL YOUTH HOCKEY
ASSOCIATION**

SPONSOR REGISTRATION FORM

NAME OF SPONSOR: _____

CONTACT PERSON: _____

ADDRESS: _____

BUSINESS TELEPHONE: _____

HOME TELEPHONE: _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

TYPE OF SPONSORSHIP:

TEAM DONATION

TEAM SPONSOR

PROGRAM SPONSOR

CORPORATE SPONSOR

IF THIS IS TEAM DOATION PLEASE SPECIFY THE TEAM AND AMOUNT
YOU WISH TO DONATE:

TEAM: _____ AMOUNT: _____

PAYMENT METHOD:

CHECK ENCLOSE – PAYABLE TO **MRYHA**

CREDIT CARD – CC# _____ EXP - _____

“NO, THANK YOU” - - I DO NOT WISH TO SPONSOR THIS YEAR.

PLEASE REMIT TO: MRYHA
SPONSOR DIRECTOR
PO BOX 4958
MANCHESTER, NH 03108