



# SPONSORS

## 2021 – 2022 Season

### Tri-Cities Amateur Hockey Association

**Primary Team Sponsor 10U-18U \$1000 Mite 8U \$600 Mite 6U \$500**

- Sponsor name on lighted sign in HAPO Ice Pavilion.
- Logo & link on TCAHA team page (Only one primary sponsor is allowed for TCAHA youth house teams.)

**Secondary Team Sponsor \$500 minimum**

- Sponsor Logo & Link on TCAHA team page
- Secondary sponsors are optional for all TCAHA youth house and rep teams. Proceeds from secondary sponsors go directly to team account to offset the cost of TEAM expenses such as warm-ups, ice, team fees, etc. (NO logo may be printed on warm-ups except those outlined in the "Uniforms and Standard of Dress" of TCAHA)

**Charitable Donation \$ \_\_\_\_\_**

- Donated funds will go in the team account to best meet their needs. No services will be provided to the donator.

Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

6U Mite  8U Mite  10U Squirt  12U PeeWee  14U Bantam  18U Midget

House -or-  Rep

Please provide a high resolution digital file of your logo via email to PRDirector@tcaha.com or mail to: PO Box 7139 Kennewick, WA 99336

**SPONSOR INFO**  New Sponsor  Returning Sponsor

Business/Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Website: \_\_\_\_\_

*\* The contact & email information will not be listed in programs or website. It is for TCAHA purposes only.*

*I understand and agree that TCAHA will provide all the benefits of the sponsorship chosen above only if all the information, payments, and graphics are received prior to the deadlines for productions set by TCAHA. I understand that if any or all of these items are not received by the dates set forth by TCAHA's representative, the Tri-Cities Amateur Hockey Association is not obligated to provide the benefits detailed in the sponsor benefits. I have also read the copy to be submitted and agree it is correct.*

\_\_\_\_\_  
Signature of Sponsor Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Team Representative

\_\_\_\_\_  
Date Signed

**TCAHA USE ONLY**

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Check Number