



Jr. Avalanche Hockey Association Sponsorship Form

Date	Player/Team Requesting Sponsorship
------	------------------------------------

Type of Sponsorship

☐ **Association Sponsor** ☐ Tier I (\$500+) ☐ Tier II (\$200-\$499)

☐ **Team Sponsor** **Team Name:**

☐ Platinum (\$1000+) ☐ Gold (\$400-\$999) ☐ Silver (\$100-\$399) ☐ Other _____

☐ **Individual Player*** **Player Name:**

*Individual player donations do not qualify as tax deductible donations. Any remaining monies go to team expenses.

SPONSOR NAME

Mailing Address	City	State	Zip Code
------------------------	-------------	--------------	-----------------

Phone	Email	Sponsor website address
--------------	--------------	--------------------------------

Company Representative	Contact Number
-------------------------------	-----------------------

Donation with Check

☐ **Check** **Check Number** **Amount:**

Donation with Cash

Amount:

**Jr. Avalanche is a 501 (c) 3 Non-Profit Corporation.
Corporate and team contributions are tax deductible.
Tax ID #92-0118104**

Jr. Avalanche Hockey P.O. Box 870936 Wasilla, AK 99687
Contacts: javalanchetreasurer@outlook.com
javalanchesecretary@gmail.com