



Direct Sponsorship Form

Date submitted: _____

Submit form to:

Shannon Brown, Sponsorship Board

Sponsor Information:

Business Name (Applicable): _____

Contact Name: _____

Address: _____

Phone & Email address: _____

Website: _____

Submitted by: _____

Type of Sponsorship:

- Please indicate your sponsorship choice.

I would like to sponsor a player of the St. Jude Knights Hockey Club.

Player Name: _____

Level: _____

I would like to sponsor the St. Jude Knights Hockey Club organization.

Sponsorship Type: _____

Level: _____

(10% of any sponsorship donation submitted by a player/family will go back to their ice fees)

For Office Use Only

Form Submitted Date: _____

Thank You/Receipt

Date Sent: _____

Notes:

*Please provide us with a logo in EPS format in order to have your banner created. The logo should be emailed

to: sbrown.stjudehockey@gmail.com

*Please mail check and completed form to:

St. Jude Knights Hockey Club

Sponsorship

5505 W. 127th St

Crestwood, IL 60418