



**MEADOWVALE MINOR HOCKEY ASSOCIATION**  
(AN AFFILIATE OF THE MISSISSAUGA PARKS AND RECREATION DEPARTMENT)

***Mohawk Sponsorship Application***

We wish to confirm that we would like to sponsor a Meadowvale Minor Hockey Association 'A' team for the \_\_\_\_\_ / \_\_\_\_\_ hockey season.

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Web Page: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ email: \_\_\_\_\_

Payment Amount: \$                     

Special request/name/logo to appear on sweater: \_\_\_\_\_ (\$1000 for 'A' teams)  
(Please attach any applicable art work to this application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ TEAM (If known) \_\_\_\_\_

Terms: Payment must accompany this application. This application will be your invoice and you will receive a copy of it once it has been approved. Please make cheque payable to MEADOWVALE MINOR HOCKEY ASSOCIATION.

MMHA Use Only

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsorship Director: \_\_\_\_\_ Date: \_\_\_\_\_

Equipment Director: \_\_\_\_\_ Date: \_\_\_\_\_

V.P. Finance: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed Application and Cheque to:**

Meadowvale Minor Hockey Association  
Att'n: Sponsorship Director  
PO Box 21113, 6677 Meadowvale Town Centre Circle  
Mississauga, ON L5N 6A2

***Copy 1 - Sponsorship file; Copy 2 - Equipment Director; Copy 3 - Sponsor***