[TEAM NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Date: _____
Invoice #: _____

SPONSOR / BILL TO:

_____
_____
_____

PAYMENT INSTRUCTIONS:

Make checks payable to:
[Team Name or Association]
Memo: [Season Year] Sponsorship

Sponsorship Level / Description	Amount
[ ] Platinum Level - Jersey Logo & Rink Banner	$ _____
[ ] Gold Level - Team Website & Social Media	$ _____
[ ] Silver Level - Player Equipment Fund	$ _____

Sponsorship Level / Description	Amount
[ ] Other Donation: _____	$ _____

Total Amount Due: $ _____

Thank you for supporting youth hockey and our local athletes.

[Tax ID / EIN Number if applicable]