



Sponsorship Application Form

PLEASE COMPLETE ELECTRONICALLY AND RETURN
TO THE ASSOCIATION SECRETARY

Email: info@townsvillehockey.com

MEMBER NAME:

PLAYERS NAME:

CONTACT NO. EMAIL

PROPOSED SPONSORS DETAILS

SPONSORS NAME

CONTACT DETAILS

EMAIL

OTHER INFORMATION (IF REQUIRED)

MEMBERS ACCOUNT DETAILS

NAME ACCOUNT:	<input type="text"/>
BSB NUMBER.	<input type="text"/>
ACCOUNT NO.	<input type="text"/>