



**PUEBLO BULLS HOCKEY CLUB SPONSORSHIP AGREEMENT
(Addendum 1)**

Contact Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____

Postal Code: _____

Phone Number: _____

Email: _____

Sponsorship Items Selected

Item 1: _____ Price: _____ Item 2: _____ Price: _____

Item 3: _____ Price: _____ Item 4: _____ Price: _____

TOTAL: _____

Please select Following

PAY IN FULL: _____

PAY 50% (PAYMENT PLAN): _____

PAYMENT: CHECK _____

CREDIT CARD _____

INVOICE NEEDED _____

NOTES:

I have read, understood, and hereby accept all terms and conditions as set forth in this Agreement.

Sponsor Representative Date

Pueblo Bulls Representative Date

Thank you for your support in the Pueblo Bulls Hockey Club.