



## Kris Perani Hockey Foundation Sponsorship Application

Today's Date: \_\_\_\_\_

Mail Application and complete packet to:  
Kris Perani Hockey Foundation  
3600 South Dort Hwy.  
Flint, MI 48507

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### **Applicant's Information**

Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

### **Parent or Legal Guardian Information**

Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Hockey Participation**

Current Hockey Association: \_\_\_\_\_ Team: \_\_\_\_\_

Hockey Coach: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Team Manager: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

Hockey Director: \_\_\_\_\_ PH: \_\_\_\_\_ Email: \_\_\_\_\_

## Sponsorship Request

Sponsorships are based on the following criteria:

Money Available for Distribution \* Financial Need of Applicant

Ice/Registration Fee Amount Requested: \$ \_\_\_\_\_

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I understand that I am responsible for submitting the following information in order to apply and be considered for sponsorship. No application will be considered until all the required information is complete and received by the Kris Perani Hockey Foundation.

- Completed Sponsorship Application Form
- Copy of most recent Applicant academic report card
- Explanation of any special circumstances
- Most recent Applicant photo
- 3 personal references
- Copy of most recent 1040 tax form, complete with all required schedules

I certify that the information on this application is accurate and I understand that the Kris Perani Hockey Foundation will verify all information. I understand that any financial assistance is a committee process and the Kris Perani Hockey Foundation reserves the right to withdraw an application if the terms and conditions are not met. I also understand that the sponsorships are awarded annually and are valid for one season only.

I certify that I will notify the Board of Directors of any changes in our financial circumstances and provide any information or documentation requested.

Parent or Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_