



Sanford Medical Center
ATTN: Treasurer
PO Box 5039
2301 East 60th Street North
Sioux Falls SD 57104

STATEMENT OF ACCOUNT

WITH

SIOUX FALLS YOUTH HOCKEY ASSOCIATION

DATE	DESCRIPTION	AMOUNT
11/10/25	CONTRIBUTION per DONATION AGREEMENT	
	SIOUX FALLS YOUTH HOCKEY ASSOCIATION	\$35,000.00
	25-26 Season	
	Due Upon Receipt TOTAL	\$35,000.00

Please make checks payable to:
SIOUX FALLS YOUTH HOCKEY ASSOCIATION

Mail to: SIOUX FALLS YOUTH HOCKEY ASSOCIATION
Attn: Cherry Hunter
PO Box 89214
Sioux Falls, SD 57109

*THANK YOU FOR SUPPORTING
SIOUX FALLS YOUTH HOCKEY*



Thank you for the continued support of hockey youth in the Sioux Falls area! Our entire board, along with all of our association members, appreciate everything that Sanford does to help us provide the best youth hockey experience possible.

**Thank You
Cherry Hunter
SFYHA Director of Operations**