



# Advertising

## 2021 – 2022 Season

### Tri-Cities Amateur Hockey Association

Remember, your advertising is visible year-round and advertising dollars are tax deductible

**Glass Cling \$600 (\$1000 for BOTH Rinks)**

- 48"x48"(approx.) Glass Ad positioned across from the bleacher area in HAPO Ice Pavilion OR Toyota Arena.
- Your Ad will be visible YEAR-ROUND to all who visit the rink(s) & link(s) of TCAHA!

**Dasher Board \$600 (\$1000 for BOTH Rinks)**

- Full color 36"x96" Dasher Board Ad at HAPO Ice Pavilion OR Toyota Arena.
- Logo & link on TCAHA website.

**In-Ice Logo \$40/sq ft \_\_\_\_\_**

- Business name or logo in ice for the entire season
- Logo & link on TCAHA website, however contract must be in place and paid prior to ice installation.

**Charitable Donation \$ \_\_\_\_\_**

- TCAHA will distribute funds to best meet the needs of the association.

Please provide a high resolution digital file of your logo via email to PRDirector@tcaha.com or mail to: PO Box 7139 Kennewick, WA 99336

### SPONSOR INFO

New Sponsor     Returning Sponsor

Business/Organization Name: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Website: \_\_\_\_\_

*\* The contact & email information will not be listed in programs or website. It is for TCAHA purposes only.*

*I understand and agree that TCAHA will provide all the benefits of the sponsorship chosen above only if all the information, payments, and graphics are received prior to the deadlines for productions set by TCAHA. I understand that if any or all of these items are not received by the dates set forth by TCAHA's representative, the Tri-Cities Amateur Hockey Association is not obligated to provide the benefits detailed in the sponsor benefits. I have also read the copy to be submitted and agree it is correct.*

\_\_\_\_\_  
Signature of Sponsor Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Team Representative

\_\_\_\_\_  
Date Signed

**TCAHA USE ONLY**

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Check Number

Checks to: TCAHA · PO Box 7139 · Kennewick, WA 99336 · 509.205.3361 · www.tcaha.com