



Individual Sponsorship Form

Business Name: _____
(Please attach a business card)

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Individual Name or Team Name to credited with your sponsorship:

Amount of sponsorship \$ _____

* If you provide contact email, you will receive a copy of the completed form for tax purposes after processing.

Please mail a check and this completed form to:



Mt Hood Athletic Club

Attn: Account Manager

37095 Hwy 26

Sandy, OR 97055

For office use only

Sponsorship received ____/____/____ in the amount \$ _____

Processed and Applied to the account of _____

MHAC Accounts Manager Signature: _____