



Sunday, March 20th 2011

VIP SPONSOR \$1000

This level includes:

- Company name and logo on all printed materials
- Invitation, program book, flyers, signage, posters and banners
- Logo on the front of UCP Pucksters jerseys
- Full page ad in program book
- Five company employees to have picture taken with the UCP Pucksters and Detroit Red Wing Alumni
- Recognition in the UCP newsletter and on UCP website
- 10 tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams
- Corporate Thank You gift



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ICE SPONSOR \$1500

This level includes:

- Company name and logo on all printed materials
- Invitation, program book, flyers, signage, posters and banners
- Half-page ad in program book
- Logo on game puck (100 pucks are produced)
- Two company employees to have picture taken with the UCP Pucksters and Detroit Red Wing Alumni
- Recognition in the UCP newsletter and on UCP website
- Six tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams
- Corporate Thank You gift



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CHAMPION SPONSOR \$2500

This level includes:

- Company name and logo on all printed materials
- Invitation, program book, flyers, signage, posters and banners
- Logo on the front of UCP Pucksters jerseys
- One player to play in hockey game (\$650 value-waiver must be signed)
- Full page ad in program book
- Five company employees to have picture taken with the UCP Pucksters and Detroit Red Wing Alumni
- Recognition in the UCP newsletter and on UCP website
- 10 tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams
- Corporate Thank You gift



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11th Annual UCP Hockey Fundraiser Sponsorship Form
Please return this form by February 15th, 2011 to:

UCP/Detroit-Attn: 2011 Red Wings Alumni Game
23077 Greenfield Road, Suite 205 Southfield, MI 48075
(248) 557-5070 (248) 557-0224 fax



CHECK ALL THAT APPLY

Champion Sponsor
\$2,500

Ice Sponsor
\$1,500

VIP Sponsor
\$1000

Individual Tickets
\$10 per person

Family Pack
\$25 for family of 5

Afterglow
\$10 per person
Donation

Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Method of Payment:

Check

MasterCard Visa American Express

_____ Exp: _____

Please Bill Me