



Saturday, March 3rd, 2012

## 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 sponsor 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 website
- 10 tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams



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## ICE SPONSOR \$1500

This level includes:

- Company name and logo on all printed materials
- Invitation, program, flyers, signage, posters & 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 website
- Six tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams



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## VIP SPONSOR \$1000

This level includes:

- Company name and logo on printed materials
- Invitation, program, flyers, signage, posters & 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 website
- 10 tickets to hockey game and dinner
- UCP Puckster jersey signed by both teams



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12th Annual UCP Hockey Fundraiser Sponsorship Form  
Please return this form by February 2nd, 2012 to:

UCP/Detroit-Attn: 2012 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