



# NAME-A-SEAT

## REGISTRATION FORM

(Please Print Clearly)

Name: \_\_\_\_\_

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

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

I/We would like to name (#) \_\_\_\_ arena seats at  Acton Arena OR  Mold-Masters SportsPlex  
The total campaign contribution will be \$\_\_\_\_\_. (\$500/seat).

- I/We would like this contribution to be pledged over \_\_\_\_\_ year(s) (The options are 1, 2 or 3 years).

- I/We would like this contribution to be a one-time Donation:  (please check for one-time payment).

- **Acton Arena Preferred Seat** Section: \_\_\_\_\_ Seat #: \_\_\_\_\_

**(based on the seat availability and STAFF to confirm)**

If making a multi-year pledge, I/We would like to make our pledge payments:

Annually  Semi-Annually  Quarterly

### Payment Options:

Cheque  Visa  MasterCard

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVC#: \_\_\_\_\_

(You will be contacted in the very near future to confirm payment options and schedule)

### Naming the Seat(s):

We would like the following names recognized on our seat(s); PLEASE PRINT CLEARLY

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

I/We give Halton Hills Arena User Group (HHAUG) and the Town of Halton Hills permission to list my/our names for donor recognition purposes.

Except for the naming of the seat(s), please keep my/our name(s) anonymous.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make cheques payable to:** Town of Halton Hills

**Contact:** Cindy Bodrug (905)873-2601 ext. 2261 FAX: (905)873-1587 [cindyb@haltonhills.ca](mailto:cindyb@haltonhills.ca) OR [stayhomeandplay@gmail.com](mailto:stayhomeandplay@gmail.com)

### For Office Use Only:

I/We have reviewed seat plan and confirm Section: \_\_\_\_\_ seat(s) #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Payment Processed: \_\_\_\_\_ Payment Processed by: \_\_\_\_\_