



## The Meaford and St. Vincent Community Center and Arena Public Skate Sponsorship

The Municipality of Meaford is excited to be offering public skating at our facility! We look forward to providing members of the public an opportunity to participate in on-ice programming at the Meaford and St. Vincent Community Centre and Arena.

### **Your community thanks you for your support!**

With your support of a sponsored public skate, you will be providing the community an opportunity to come together and enjoy recreation and leisure activities.

**Details:** Public skates run weekly, with the potential that the Municipality will add additional dates and times. Your business can pick the Public Skate that you would like to sponsor subject to availability, or the Municipality can book it for you.

- Sundays - 12:00pm to 2:00pm
- Fridays - 9:00am to 11:00am

**Cost:** The cost to sponsor a public skate is \$150.00 (+ HST) and payment can be made by cash, cheque, debit or credit card.

### **Sponsorship Benefits:**

- You have the opportunity to set-up a booth and pull-up banners in the lobby as well as distribute company pamphlets/flyers or related promotional material handouts during the event.
- Your business name will be advertised at the facility and posted on the Municipal Park and Rec social media accounts.
- You will be supporting your community by offering free access to on-ice programming while promoting physical fitness and family fun.



**Sara Almond**

Parks and Facility Services Coordinator  
Acting Recreation Services Coordinator  
Municipality of Meaford

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Office Location: 151 Collingwood St, Meaford



## The Meaford and St. Vincent Community Center and Arena Public Skate Sponsorship Agreement

I agree to be a Public Skate Sponsor at The Meaford and St. Vincent Community Center and Arena .  
I will provide the fee in return for the benefits outline on the previous pages.

Please select your option below:

<b>Week:</b>	<b>Sunday: 12:00pm to 2:00pm</b>	<b>Friday: 9:00am to 11:00am</b>
Week 1	<input type="checkbox"/> N/A	<input type="checkbox"/> November 18 <sup>th</sup>
Week 2	<input type="checkbox"/> November 20 <sup>th</sup>	<input type="checkbox"/> November 25 <sup>th</sup>
Week 3	<input type="checkbox"/> November 27 <sup>th</sup>	<input type="checkbox"/> December 2 <sup>nd</sup>
Week 4	<input type="checkbox"/> December 4 <sup>th</sup>	<input type="checkbox"/> December 9 <sup>th</sup>
Week 5	<input type="checkbox"/> December 11 <sup>th</sup>	<input type="checkbox"/> December 16 <sup>th</sup>
Week 6	<input type="checkbox"/> December 18 <sup>th</sup>	<input type="checkbox"/> December 23 <sup>rd</sup>
Week 7	<input type="checkbox"/> N/A	<input type="checkbox"/> December 30 <sup>th</sup>
Week 8	<input type="checkbox"/> N/A	<input type="checkbox"/> January 6 <sup>th</sup>
Week 9	<input type="checkbox"/> January 8 <sup>th</sup>	<input type="checkbox"/> January 13 <sup>th</sup>
Week 10	<input type="checkbox"/> January 15 <sup>th</sup>	<input type="checkbox"/> January 20 <sup>th</sup>
Week 11	<input type="checkbox"/> January 22 <sup>nd</sup>	<input type="checkbox"/> January 27 <sup>th</sup>
Week 12	<input type="checkbox"/> January 29 <sup>th</sup>	<input type="checkbox"/> February 3 <sup>rd</sup>
Week 13	<input type="checkbox"/> February 5 <sup>th</sup>	<input type="checkbox"/> February 10 <sup>th</sup>
Week 14	<input type="checkbox"/> February 12 <sup>th</sup>	<input type="checkbox"/> February 17 <sup>th</sup>
Week 15	<input type="checkbox"/> February 19 <sup>th</sup>	<input type="checkbox"/> February 24 <sup>th</sup>
Week 16	<input type="checkbox"/> February 26 <sup>th</sup>	<input type="checkbox"/> March 3 <sup>rd</sup>
Week 17	<input type="checkbox"/> N/A	<input type="checkbox"/> March 10 <sup>th</sup>
Week 18	<input type="checkbox"/> N/A	<input type="checkbox"/> March 17 <sup>th</sup>
Week 19	<input type="checkbox"/> March 19 <sup>th</sup>	<input type="checkbox"/> March 24 <sup>th</sup>
Week 20	<input type="checkbox"/> N/A	<input type="checkbox"/> March 31 <sup>st</sup>

Total Amount Owed:	
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Business Name:			
Main Contact Name:			
Phone:		Email:	
Signature:			Date:

Please sign this agreement, keep a copy for your records and return a signed copy to the address below.  
Payments can be made by cheque or credit card. Invoices available upon request.

Name on Card:	CVC
Card #:	Expiry:

