



■ CONTRIBUTION FORM
THE ALBANY POLICE ATHLETIC LEAGUE

Yes, we want to join HMRRRC in support of The Albany Police Athletic League

We have enclosed a contribution, in addition to our sponsorship fee or our entry fees, that is payable to the Albany Police Athletic League.

Company/Organization Name: _____

Contact Person: _____

Address: _____

E-Mail Address: _____

Phone: _____

Amount Enclosed: _____

Note: Please enclose check (payable to the Albany Police Athletic League) and this form when submitting your CDPHP Workforce Team Challenge Sponsorship fee or Team Roster and individual entrants' registrations forms.