

CYCLONES HOCKEY COMMUNITY PARTNER PROGRAM



ORGANIZATION NAME	
CONTACT PERSON	
CONTACT PHONE NUMBER	
CONTACT EMAIL	

BRIEFLY DESCRIBE THE ORGANIZATIONS MISSION AND WHAT TYPES OF SERVICES AND/PROGRAMS ARE PROVIDED IN THE CENTRAL WISCONSIN AREA.

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PLEASE LIST TWO MONTHS DURING OUR SEASON (OCTOBER-MARCH) YOU ARE MOST INTERESTED IN PARTICIPATING IN THIS PROGRAM.

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SUBMIT YOUR APPLICATION VIA MAIL TO WAUSAU CYCLONES PO BOX 694 WAUSAU, WI 54482 OR VIA EMAIL TO ZACH@WAUSAUCYCLONES.COM.