

BRIGHTON & DISTRICT MINOR HOCKEY ASSOCIATION FUNDRAISING AUTHORIZATION

Staff member making application:

Name: _____

Phone Number: _____

Application Date: _____

Division: _____ L.L. ____ Rep ____

Coaches Name: _____

Type of Fundraising Event: _____

When: _____

Where: _____

Details:

Does it require licensing? Yes _____ No _____

Expected Fundraising Amount: \$ _____ Actual Funds Raised: \$ _____

(To be filled after event)

Applicant's Signature: _____

BDMHA Hockey Authorization: _____

Date of Authorization: _____