

Belle River Minor Hockey Association
Fundraising Approval Form

Team: _____

Head Coach: _____

Manager: _____

Manager email: _____ Phone: _____

Explanation of Fundraising Activity:

Fundraising Activity Requested: _____

Date of Fundraiser: _____

Location of Activity: _____

Has this been discussed/approved at a Team Parents Meeting? YES_____ NO_____

Is this event OMHA approved? YES_____ NO_____

I have read the Fundraising Guidelines & understand them completely. YES_____ NO_____

Head Coach Signature: _____

Manager Signature: _____

____ Fundraiser Approved

____ Fundraiser not Approved

Signature, Director of Parents Club: _____

Date: _____