

Belle River Minor Hockey Association
FUNDRAISING EVENT REPORT

Submit to the Director of Parents Club within fourteen (14) days of completion of the event

Team: _____

Event Contact: _____

Event Contact Email: _____

Event: _____

Date of Event: _____

Proceeds from event: _____

Less expenses: _____

Net profit from event: _____

******please attach a copy of the bank deposit showing amount deposited******

Head Coach signature: _____

Manager signature: _____