

# ESSA MINOR HOCKEY ASSOCIATION

## FUNDRAISING REQUEST FORM

Revised: October 2009



Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Team

Team Manager: \_\_\_\_\_

Contact Information:

\_\_\_\_\_

Phone

e-mail address

Purpose of Fundraising: \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Amount required satisfying Fundraising Goal: \$ \_\_\_\_\_

Please attach any tenders or quotes

Method of Fundraising: Please be complete as possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participants: Include all players, parents, supervisors and others, names if possible – attach separate sheet if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further Information – attach a separate sheet

\_\_\_\_\_  
\_\_\_\_\_

Conditions of Approval/Non Approval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Risk - Approved: YES  NO  Fundraising – Approved YES  NO

Reviewed at: \_\_\_\_\_ Exec Meeting – Notice of Motion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copies to: Secretary for Minutes, Fundraising Director, Team Manager for own files

EMHA **MUST** RECEIVE A COMPLETE ACCOUNT OF FUNDS RAISED BEFORE ANY  
ADDITIONAL APPLICATION WILL BE APPROVED