

**ESSA MINOR HOCKEY ASSOCIATION  
FUNDRAISING REQUEST FORM**



Date: \_\_\_\_\_ Reviewed at: \_\_\_\_\_ Executive Meeting

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

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

Contact Information: \_\_\_\_\_  
Phone e-mail address

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Chairperson: \_\_\_\_\_  
Initials

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

EMHA Form # \_\_\_\_\_