



Bradford West Gwillimbury Minor Hockey Association
P.O. Box 383, Bradford, Ontario L3Z 2A9

TEAM FUND RAISER APPLICATION FORM

TEAM NAME _____ **DIVISION** _____
COACH'S NAMES _____

Team Official Preparing the Application:

Name: _____
Address: _____
Phone # Home: _____ Phone # Other _____
Position _____

Description and Purpose of Fundraiser:

Location of the Fundraiser _____

Scheduled Date _____ Alternative Date(s): _____

Amount Anticipated to Raise: \$ _____

Are local businesses/organizations being approached for support? YES NO

If YES, then describe the type of support being sought (eg. Car washes indicate what businesses or organization has agreed to host the car wash, or for raffles, how will it be arranged and what businesses will be approached for donations of goods or services).

Is a Provincial or Municipal Lottery License required? YES NO
(e.g. For Ticket sales or raffles)

If YES, the completed license application form MUST be attached for signing by the BWGMHA Executive.

Date Submitted

Signature of Team Official

Date Approved

Signature of Fundraiser Chair of
BWGMHA