

Iroquois Falls Minor Hockey Association
FUNDRAISING FORM

TEAM NAME: _____

FUNDRAISING EVENT: _____

DATE OF EVENT: _____

REASON FOR EVENT: _____

IFMHA President's signature: _____

THIS FORM MUST BE COMPLETED AND RETURNED TO IFMHA ASSOCIATION BEFORE ANOTHER FUNDRAISING EVENT CAN TAKE PLACE.

Total Money Raised: \$_____

Signature of Coach: _____

Date form was returned to Minor Hockey: _____

IFMHA President's signature: _____

NO TEAM WILL GO OUT AND SOLICIT FUNDS OR DONATIONS OF ANY TYPE FROM OUR LOCAL BUSINESSES UNLESS OKAYED BY THE EXECUTIVE OF THE DAY.

FOR FUNDRAISING EVENTS, THIS FORM MUST BE COMPLETED AND APPROVED BY THE PRESIDENT BEFORE FUNDRAISING CAN BEGIN. A NEW FORM MUST BE COMPLETED WITH EACH FUNDRAISING EVENT HELD BY YOUR TEAM. FAILURE TO DO WILL RESULT IN A FUNDRAISING BAN TO THE TEAM FOR THE YEAR.