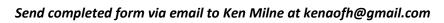
## **Cheboygan Hockey Association**

## **Team Fundraising Request**





Team Name
Fundraising Coordinator
Fundraising Coordinator E-mail/Phone
Dates of Proposed Fundraising Activity
Initial Costs of Proposed Fundraising Activity
Proposed Fundraising Activity
Please check below how your team will disburse the money generated from this fundraiser.
** The Board has three forms of approved manners for disbursing fund-raising money**
<ul> <li>Equally amongst or for the benefit of all association players regardless of individual participation levels;</li> </ul>
☐ Equally amongst or for the benefit of the team/teams in the fundraising event(s);
My team will comply with the procedures set forth by Cheboygan Hockey Association as defined in the Fundraising Guideline document given to my team. I acknowledge that as the Team Fundraising Coordinator, I have completed this request accurately and to the best of my knowledge.
Team Fundraising Coordinator Signature & Date Submitted
PARENT/GUARDIAN FUNDRAISING SIGNATURE PAGE FOR:
TEAM:
FUNDRAISER:
Approved By / Date: