

Cheboygan Hockey Association

Team Fundraising Request

Send completed form via email to Ralph W. Farver II, rfarver@rybamarine.com



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***

- Equally amongst or for the benefit of all association players regardless of individual participation levels;*
- 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: _____