



FUNDRAISING AUTHORIZATION

Staff member making application:

Name: _____

Division & Team: _____

REP _____ SELECT _____ REC _____

Coaches Name: _____

Type of Fundraising Event: _____

When: _____

Where: _____

Details: _____

Does it require licensing? Yes _____ No _____

Applicant's Signature: _____

Brampton Hockey Authorization: _____

Date of Authorization: _____