



Northumberland Minor Hockey Fundraising Request Form

Manager:	Team:
Signature:	Date: (DD/MM/YY)

Event 1			
Date: (DD/MM/YY)	Type of event:	Approved:	
		Yes	No
From: (HH:MM)			
To: (HH:MM)		Approved by:	
		Date: (DD/MM/YY)	

Event 2			
Date: (DD/MM/YY)	Type of event:	Approved:	
		Yes	No
From: (HH:MM)			
To: (HH:MM)		Approved by:	
		Date: (DD/MM/YY)	

Event 3			
Date: (DD/MM/YY)	Type of event:	Approved:	
		Yes	No
From: (HH:MM)			
To: (HH:MM)		Approved by:	
		Date: (DD/MM/YY)	

Event 4			
Date: (DD/MM/YY)	Type of event:	Approved:	
		Yes	No
From: (HH:MM)			
To: (HH:MM)		Approved by:	
		Date: (DD/MM/YY)	

Please forward the completed form to: administration@northumberlandminorhockey.com