



**Burford District Minor Hockey Association**

**BDMHA FUNDRAISING APPROVAL REQUEST**

**DATE:** \_\_\_\_\_ **TEAM:** \_\_\_\_\_

**COACH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER:** (include start and end date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR FUNDRAISING:** (please check one)

**Tournament Fees**  **Apparel**  **Other**

Other: (please provide a full detailed quote on merchandise or tournament expenses)

\_\_\_\_\_  
\_\_\_\_\_

**FUNDRAISING PARTICIPATION:** (please check one)

**Mandatory**  **Optional**   
(Please attach any other information you may find helpful)

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**BDMHA USE ONLY**

**APPROVED**

**DECLINED**

\_\_\_\_\_  
Presidents name – please print

\_\_\_\_\_  
Signature of President

