

STREETSVILLE TIGERS

HOCKEY CLUB

PROPOSED TIGER TEAM FUNDRAISING ACTIVITIES

Request form

Only One Event Per Form

DATE: _____ TEAM: _____

ACTIVITY: _____

LOCATION: _____

START DATE & TIME(S): _____ COMPLETION DATE: _____

ARE THERE ANY LICENSING REQUIREMENTS: YES _____ NO _____
IF SO BE ADVISED THAT THE G.T.H.L. REQUIRES 14 BUSINESS DAYS TO OBTAIN THIS
HOCKEY CANADA INSURANCE RIDER. IF YES PLEASE OUTLINE:

1. NAME OF HOLDER OF THE PROPERTY
TO APPEAR ON THE HC INSURANCE RIDER:

2. DATES & TIMES THIS INSURANCE IS REQUIRED

3. REASON FOR EVENT: _____

TEAM COST: _____ PROJECTED PROFITS: _____

TEAM CONTACT PERSON FOR THIS EVENT: _____

HOME PHONE: _____ WORK: _____

FAX: _____ EMAIL: _____

- COMPLETED FORMS TO BE SUBMITTED TO THE PRESIDENT
Fax 905-824-4050
- COPY TO GENERAL MANAGER. Fax 905-826-4869
- THE TIGERS HOCKEY CLUB WILL NOT PROVIDE THEIR G.I.N. NUMBER
FOR ANY TEAM FUNDRAISER. (Expect Dances)

TEAM FUNDRAISING ACTIVITY REQUEST:

APPROVED _____ APPROVAL NUMBER # _____

APPROVED ON THE FOLLOWING CONDITION (S):

NOT APPROVED: _____ REASON: _____

PRESIDENT'S SIGNATURE: _____ DATE: _____

Tigers hockey . . . just for the fun of it.