SOOKE MINOR HOCKEY
Box 383, Sooke, B.C., V0S 1N0

Fundraising Application

From: _____ _____
Contact Name Contact Phone

Team Name: _____

Please accept our application to proceed with the following Fundraising Project for the 200_____/ 200_____ season.

	Description	Gaming Licence Required *
1)	_____	c
	_____	
	_____	
	_____	

This event will take place

_____ _____
Date Location

Please outline briefly how the funds generated from this project will be used.

_____

_____

Approved by: _____ _____
Fundraising Chairperson Date

**Please note: If a gaming licence is required, you must complete a gaming licence application. (Obtained from your manager.)*