Campbell River Minor Hockey
Prize Winner Control Sheet

License Number: _____

EVENT INFORMATION

Team/Event: _____

Draw Date: _____ **Draw Time:** _____

PRIZE AND WINNER INFORMATION

Prize #	Description	Value	Winner Name	Address & Phone #	Signature
1					

CRMHA INFORMATION

_____
VERIFIED BY – Volunteer Name and Signature

_____
VERIFIED BY – Volunteer Name and Signature

_____
CRMHA Gaming Coordinator Signature

Please take a photo of this completed reconciliation and email to **gaming-reconciliations@crmha.ca**.
This physical reconciliation sheet and money should be submitted to the CRMHA office for review and signature by the Gaming Coordinator.