

Submission Date:

Chilliwack Minor Hockey Association

5725 Tyson Road, Chilliwack, BC V2R 2L1

Mailing Address
P.O. Box 2416 Station Sardis Main, Chilliwack, BC V2R 1A7

 $\textbf{E-Mail:} \ \underline{info@chilliwackminorhockey.com} \ \textbf{/ Web Site:} \ \underline{www.chilliwackminorhockey.co} \ \underline{m}$

Tel: 604-858-6031

CMHA Fundraising Request Form 2023-2024 Season

All fundraising must be pre-approved at least one week prior to the scheduled event.

Please email completed form to 2ndvicepresident@chilliwackminorhockey.com

Team Name:		
Team Manager:		
Phone #:		
Email Address:		
Proposed Fundraiser:		□ Ticket Raffle * □ Bingo *
(*Note: Team must complete and submit a Class D licence using Team Name for Ticket Raffles & Bingo)		□ Other- specify
Proposed Date: (*Note: fundraising events are not permitted on Chilliwack Chiefs Minor Hockey Night)		
Purpose of Fundraiser:		
Expected Fundraiser Amount:		
BC Lottery 50/50 Number:		
How much does your team make on 50/50 (per game):		
Do the parents pay a start-up fee?		□ NO □ YES- specify amount \$
Gaming License (see above)		□ not applicable □ YES- date submitted(dd/mm/yy)
		Gambling Event Licence fundraising documents and forms - Province of British Columbia (gov.bc.ca)
REQUIRED: BC Hockey Special Event Sanction Form (off ice)		Submitted: YES https://www.bchockey.net/applicationforms/specialeventsanction.aspx
For Office Use		
Approval Granted:		
Approval Denied:		
Director Responsible:		
Date Granted/Denied:		