

Chilliwack Minor Hockey Association

5725 Tyson Road, Chilliwack, BC V2R 2L1

Mailing Address

P.O. Box 2416 Station Sardis Main, Chilliwack, BC V2R 1A7 Tel: 604-858-6031

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

CMHA Fundraising Request Form 2025/26 Season

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

Please email completed form to 2ndvicepresident@chilliwackminorhockey.com

Submission Date:		
Team Name:		
Team Manager:		
Phone #:		
Email Address:		
Proposed Fundraiser: (*Note: Team must complete and submit a Class D licence using Team Name for Ticket Raffles & Bingo)		☐ Ticket Raffle * ☐ Bingo * ☐ Other- specify
Proposed Date: (*Note: fundraising events are not permitted on Chilliwack Chiefs Minor Hockey Night)		
Purpose of Fundraiser:		
Expected Fundraiser Amount:		
Do the parents pay a start-up fee?		□ NO □ YES- specify amount \$
Gaming License Required? 50/50 Raffle Tickets Bingo		□ not applicable □ YES- date submitted(dd/mm/yy) Chilliwack Minor Hockey Association: Website by RAMP InterActive
REQUIRED: BC Hockey Special Event Sanction Form (off ice)		Submitted: YES Chilliwack Minor Hockey Association: Website by RAMP InterActive
For Office Use		
Approval Granted:		
Approval Denied:		
Director Responsible:		
Date Granted/Denied:		