



DAWSON CREEK MINOR HOCKEY ASSOCIATION (DCMHA)  
PO Box 1032, Dawson Creek BC, V1G 4H9  
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[office@dcmha.ca](mailto:office@dcmha.ca)

## FUNDRAISING APPLICATION – TEAM

***Please note: All fundraising activities must align with the Dawson Creek Minor Hockey Association's established guidelines. For complete details, please refer to Section 12.0 – Fundraising Policy in the DCMHA Policy Manual.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position on Team: \_\_\_\_\_

Team Name: \_\_\_\_\_

Type of Fundraiser applying for (i.e. bottle drive, 50/50, etc.) \_\_\_\_\_

Location of fundraiser: \_\_\_\_\_ Date(s) of Fundraiser: \_\_\_\_\_

Draw Date (if applicable): \_\_\_\_\_ BC Gaming License Required: ☐ Yes ☐ No

Value of Fundraiser: \_\_\_\_\_

### *Declaration:*

*I understand that this application must be **submitted and approved** by DCMHA **prior** to the start of any fundraising activities. I acknowledge that failure to obtain prior approval may result in the forfeiture of all funds raised and may be subject to further action as outlined in the DCMHA Fundraising Policy.*

Signature: \_\_\_\_\_

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### DCMHA USE ONLY:

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

☐ Approved ☐ Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_