

Ponoka Minor Hockey Association

Team Treasurer Responsibilities

1. Team treasurers are required to obtain a signed copy of the banking resolution document signed by the team's parent captain and another parent appointing them as authorized representatives on the team account. A copy of this document shall be provided to the Ponoka Minor Hockey Association's treasurer and the original is to be forwarded to the Servus Credit Union in advance of setting up the team account.
2. Team treasurers are required to appear in person at the Servus Credit Union Ponoka to set up a team bank account. Two signatures are required on this account which must be consistent with the banking resolution. The contact person at Servus is Lynn Miller. Her email address is Lynn.Miller@servus.ca Two pieces of valid ID are required one being a picture ID (DL or government issued). The other can be Alberta Health Care card, credit card ect. She also requires place of employment and legal address of residence. **If your address is a Box number or RR, she requires your legal land description.**
3. Teams requesting lottery license applications from the AGLC to run raffle events must first notify the Ponoka Minor Hockey Treasurer before making the application in order that the Ponoka Minor Hockey Treasurer can contact ALGC in advance that the team has been approved for an ALGC license. They are expected to comply with all AGLC rules including completing the final accounting submission to AGLC that is required after the completion of the raffle event. This should be done immediately after the event. The team treasurer shall then be provided with a copy of the final accounting summary that was submitted to AGLC. **Note it is very important that these final reports be submitted to AGLC immediately after the fund raising event or the Association's ability to obtain raffle licenses on a future basis will be jeopardized.**
4. Team treasurers are responsible for providing regular accounting reports to the team parent group throughout the season. A final accounting report for the entire season shall be prepared and presented to the parent group for their approval at the conclusion of the season. A copy of this report together with all banking records for the season shall be provided to the Association's treasurer no later than May 30th of each year **(A sample format of this report has been enclosed)**. Fund raising activities should be limited to fund the hockey program costs such as tournament entry fees, coaches travel costs and other team costs that have received the consent of the majority of parents. Any surplus funds exceeding the team's fund raising needs remaining in the account at the end of the season must be transferred to the Association's general account. Funds remaining in the bank account that arose from contributions from the teams' parent group (such as start up funds) can be returned to the parents if approved by the majority of the parents.
5. Team treasurers must notify the Association's executive in advance of any proposed fund raising events and provide the purpose for which the funds were raised for final approval by the executive. **(Please use the Fund Raising Approval Form enclosed)** This can be done through the

Association's treasurer via email. Please note the executive meets on the first Wednesday of each month so submissions should be made well in advance of the proposed fund raising event for timely approval by the executive. Failure to comply with this rule can result in forfeiture of funds raised and denial of future fund raising activities as per policy number 22 or the Association' Policy and Procedure manual.

6. Team treasurers shall familiarize themselves with Policy #22 of the Association's Policy and Procedure manual which is available on the Association's website.
7. Team treasurers are responsible for issuing receipts for all funds deposited to the team account. A duplicate copy receipt book should be maintained and these can be purchased at any office stationary store.
8. **Team treasurers shall provide the Association's treasurer with their email address at the commencement of the season.**

On behalf of the Ponoka Minor Hockey Association, thank you for your effort and dedication towards this important job.

Regards

Mikki Scabar

Email address: pmhatreasurer2019@gmail.com

Treasurer of the Ponoka Minor Hockey Association

Final Fund Raising Accounting Form

_____ Team (Name)

2020-2021 Season

Fund Raising Revenues

Description of fund raising activities:

\$\$\$\$\$

_____	\$ _____
_____	_____
_____	_____
_____	_____

Total funds raised

\$=====

Expenditures

Description of Expenditures:

_____	\$ _____
_____	_____
_____	_____
_____	_____

Total Expenditures

\$=====

Net funds remaining in the bank account May 31st

\$=====

(Funds remaining in the account at May 31 are to be transferred to the Association's General Account)

This report has been reviewed by the team parent group

Signed _____ (Team Manager)

Signed _____ (Team Treasurer)

Please provide a complete copy of this form to the Association's Treasurer by May 31st.

Ponoka Minor Hockey Association

Team Banking Resolution

The parents of the _____ team have held a meeting on the _____ (date of the meeting) and have appointed the following individuals to act as bank representative for the team account maintained at the Servus Credit Union, Ponoka and are hereby authorized to make all bank deposits and sign cheques on the team account for the 2020/2021 season. This authority shall remain in place until May 31, 2021.

The following individuals have been appointed as banking representative for the _____ team account maintained at the Servus Credit Union, Ponoka.

_____ (name of treasurer)

_____ (email address of team treasurer)

_____ (name of assistant treasurer)

_____ (email address of assistant treasurer)

Signed on behalf of the _____ team

_____ (Team Manager)

_____ (Parent Captain)

Note: A copy of this form is to be provided to the Ponoka Minor Hockey Treasurer and the original is to be provided to Lynn Miller at the Servus Credit Union in advance of the team account being set up.

Fund Raising Approval Form

_____ Team

This form is required to be submitted to the Association's executive prior to commencing fund raising. Please email it to Mikki Scabar at pmhatreasurer2019@gmail.com at least a month in advance of fund raising.

1. Please provide a description of the team's fund raising events that are planned for the upcoming season (examples prize raffles, ticket raffles, 50/50 raffles) Please be explicit as possible and provide estimates as to the total amount of funds you intend to raise from each activity.

2. Please provide the name of the individuals and email address making the application for the raffle license with Alberta Gaming and Liquor Control.

3. Please provide a description of the expenses to which the funds raised are going to pay. Please be as explicit as possible about the nature of the expenses as well as their expected costs.

4. Are seed capital contributions from parents being solicited to assist with fund raising activities? If so, are you planning to return these contributions back to the parents in the event surplus funds are raised beyond the fund raising requirements?

Person to contact for more information _____

Email address of contact person _____