



Aurora Minor Hockey Association

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FUND RAISING PERMIT

AMHA Team - Division/Category: _____

Event Description: _____

Event Date: _____

Event Location: _____

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Team Auction | <input type="checkbox"/> External Sales |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Internal Sales |
| <input type="checkbox"/> 50 / 50 Draw | <input type="checkbox"/> Other |

Check applicable box for Fund Raising Event. If 'Other', provide description.
Refer to next sheet for additional information on restrictions for fund raising.

I, the undersigned, as Coach/Manager of the team listed above, request permission to participate in the above noted fundraising event. I am fully aware of the rules of the OMHA and the Aurora Minor Hockey Association regarding fundraising and agree to abide by all rules and conditions as they apply.

Coach/Manager Name (Please Print): _____

Coach/Manager Signature: _____

This form, when signed below, grants permission from the Aurora Minor Hockey Association for the above mentioned team to participate in the fund raising event specified.

Approved by: _____ Date: _____

AMHA Position: _____