

Summerside Area Minor Hockey Association

Application for Team Fund-Raising

Name of Team _____ Division _____

Contact Person _____ Telephone No _____

Date of Application _____

Fund-Raising Event

Please provide, in detail the information on your fund-raising i.e. Bottle drives, bagging groceries, pancake breakfast. Please include the requested date for your fund-raising event.

Please give ample time for your application to be processed. Individual Teams are required to obtain the necessary license for fund-raisers from Access PEI as required.

To find out if a specific date is available, you can contact me at waysandmeans@summersideminorhockey.com . Please review the SAMHA Guidelines for Fund-Raising which will be available at the Coaches/Managers Meeting.

Philip MacLean
Ways and Means Coordinator