



SHERWOOD PARK MINOR HOCKEY ASSOCIATION

Fundraising Permit Request

[Complete form, then save & send to admin@spmha.ab.ca](mailto:admin@spmha.ab.ca)

Manager Name * _____ Coach Name* _____
 Manager Email * _____ Coach Email* _____
 Manager Phone # * _____ Team ID* _____

Has your team submitted a season budget to the Association via your Division Director? Yes No

Was this event discussed and supported through vote by your parent group? Yes No
(This question is for gathering information on how events are organized and received, and the response will have no effect on the decision to approve or deny the application)

Date(s) of Event * _____

Event Type * (PLEASE CHECK APPROPRIATE BOX AND COMPLETE REQUIRE INFORMATION)

Bottle Drive *(check box and no further information is required – You will only receive a reply if denied)*

Pub Night *(please include location & any insurance information below)*

Raffle/Hockey Pool/Cheer Basket *(An Alberta Gaming / AGLC license is required for any event(s) where funds are raised through ticket sales, calendar squares, lottery squares, pool tickets, raffle tickets, etc) **

Raffle Type/
Details* _____

AGLC License # &
Information _____

Other *(please list specifics below*)*

Briefly summarize how the funds generated will be used?

SPMHA OFFICE USE ONLY

Approved Denied Date: _____