



# FUNDRAISING PERMIT FORM

PO Box 1454 Station Main, Summerside, PE, C1N 4K4

Email: [summersideminorhockey@gmail.com](mailto:summersideminorhockey@gmail.com)

ASSOCIATION: \_\_\_\_\_

DIVISION: \_\_\_\_\_ CATEGORY: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

DATE OF FUNDRAISER: \_\_\_\_\_

**BRIEFLY DESCRIBE YOUR FUNDRAISER (If Bottle Drive, Include Areas Covered)**

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Team Manager/Coach Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_ :

**FOR OFFICE USE ONLY:**

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

SAMHA Authorization: \_\_\_\_\_

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