



## AMHA FUNDRAISING AGREEMENT

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

Team Requesting Fundraising: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Proposed Date of Event \_\_\_\_\_

Time of Event (Start – End) \_\_\_\_\_

Fundraising Activity to be held: (Brief Description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Locations of Fundraising Event: \_\_\_\_\_

Has owner or manager of premises given you permission to use their facility to host this event?

Contact Name of Facilitator: \_\_\_\_\_ Phone # \_\_\_\_\_

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### Fundraising Campaigns Greater than 2 days

If the campaign is longer than one day, please state the time frame (i.e. Sept 20 – 30, 2008)

Name of Fundraising Company: \_\_\_\_\_

Dates of Campaign: \_\_\_\_\_

Please note that Ayr Minor Hockey takes no responsibility or liability for any damages, moneys owed, or injury for the events the aforementioned team has applied for. All teams are responsible for all expenses, injuries, damage otherwise.

I understand the terms and conditions of this arrangement.

Team Official Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Approved: \_\_\_\_\_

Print Name: \_\_\_\_\_

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