



# FUNDRAISING PERMIT FORM

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

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

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

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

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

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

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

Association President/Executive: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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

Hockey PEI Authorization: \_\_\_\_\_

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