



LINDSAY MINOR HOCKEY ASSOCIATION

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FUNDRAISING EVENT REPORT FORM

**SUBMIT TO THE APPROPRIATE VICE-PRESIDENT WITHIN FOURTEEN (14) DAYS OF EVENT
FAILURE TO DO SO MAY CAUSE REJECTION OF FUTURE FUNDRAISING EVENTS**

Date report submitted to LMHA: _____

Division (Midget, Minor Midget, Bantam, PeeWee, Atom, Tyke, Mite): _____

Classification (BB, AE, LL): _____

Date(s) of Event: _____

Description of Event: _____

Total income from the Event: _____

Total expenses incurred from the Event: _____

Total amount deposited to Team's bank account: _____

*****PLEASE ATTACH A COPY OF BANK DEPOSIT SHOWING AMOUNT ***
** DO NOT INCLUDE BANK ACCOUNT NUMBER (White out) **
* ATTACH COPIES OF RECIEPTS FROM EXPENSES INCURRED ***

Team account signing Officer: _____
(Print Name) (Signature)

Team account signing Officer: _____
(Print Name) (Signature)

Date Received by LMHA: _____

LMHA Executive Member who received the report:

(Print Name)

(Signature)