



Fundraising Permit

PO Box 302, 40 Enman Crescent, Charlottetown, PE C1A 7K7
Ph: 902-368-4334 Fax: 902-368-4337

Association: _____

Division: _____ Category: _____

Team Name (Including Sponsor): _____

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: _____