**Brantford Minor Hockey Association**

P.O. Box 28034, North Park Plaza P.O., Brantford, Ontario N3R 7X5

**Brantford Minor Hockey Association**

**Tournament Funds Request Form**

**2014-2015**

**Please note: This form is to be used by teams requesting tournament funds prior to the start of the 2014/15 season. Teams will be invoiced on their ice bill for repayment during the month that the tournament is played. Failure to make repayment will result in the suspension of all additional practice times.**

 **Team Name and Division: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

 **Tournament Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

 **Date of Tournament: \_\_\_\_\_ \_\_\_\_\_Location: \_\_\_**

 **Cheque payable to: \_\_\_**

**Amount:**

**I, \_\_\_\_\_\_\_\_\_, have read and will abide by the guidelines set out above.**

 **\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

 **Signature Position Date**

Tel: (519) 759-8552 • Fax (519) 759-0704 • Email: admin@brantfordminorhockey.com • [www.brantfordminorhockey.com](http://www.brantfordminorhockey.com/)