

NKYHA FUNDRAISING APPLICATION/NOTIFICATION

1. _____ (TEAM NAME)
2. _____

(DESCRIBE FUNDRAISING EFFORT)
3. _____ (NAME OF PERSON IN CHARGE)
4. _____ (DATES OF FUNDRAISER)
5. By signing below, I acknowledge that I am responsible for all aspects of the described fundraiser, including but not limited to: organization, finance, accounting to the NKYHA (including gross sales, itemized distribution of funds, net balance of funds, and appropriate division of funds to each participating player's NKYHA account), and delivery of product, etc. This may also include producing any documentation of the event. The NKYHA Board of Directors is not responsible for any aspect of said fundraiser and all activities are team activities subject to all waivers of liability signed by each player prior to participating in youth hockey. Further, all contracts for performance of said fundraiser shall be signed in your individual capacity only, and not as agent or employee of NKYHA.
6. _____ (SIGNATURE OF PERSON IN CHARGE)
7. _____ (DATE APPROVED)
8. _____ (APPROVED BY)