



IMHA FUNDRAISING FORM 2023/2024

Team Name: _____

Manager: _____

Division: _____

Coach: _____

Email: _____

Event Information

Fundraising Event #:

Type of Event: _____

Date of Event: _____

Location of Event: _____

of people expected: _____

Anticipated Profit: _____

Will Liquor be served: Yes

No

Who will hold the liquor license? _____

**Must be Submitted to the Fundraising Director
2 weeks prior to the Event
Imha.courtneyward@gmail.com**

Submitted by: _____

Date: _____

IMHA Approved by: _____
Director of Fundraising

Date: _____

****PLEASE NOTE THAT IMHA IS UNABLE TO OBTAIN A LOTTERY LICENSE AND
THEREFORE LOTTERY'S WILL NOT BE APPROVED****