

## Organization Information

<b>NPO NAME</b>				
<b>Address</b>				
<b>City</b>		<b>PROV</b>		<b>PC</b>
<b>Registered Society Act #</b>				
<b>Statement of Group Purpose</b> (2-3 sentences)				
<b>Fundraising Goal for this partnership</b>	\$			
<b>Has your organization served food &amp; beverages as a fundraiser before?</b> If Yes, please explain:				
<b>Has your organization partnered with Comcast and/or Spectra before?</b> If Yes, please explain:				

## Under 17 World Hockey Challenge Event & Event Commitment

<b>Full Event (14 games)</b>		<b>Half Event (7 games)</b>		<b>Catering Hours</b>		<b>Other (indicate #)</b>	
<b># of Adults (over 19)</b>				<b># of Youth (16+)</b>			

## Primary Contact – NPO Leader

<b>First Name</b>				<b>Last Name</b>			
<b>Address</b>							
<b>City</b>				<b>Province</b>			<b>Postal Code</b>
<b>Tel. Work</b>		<b>Fax</b>		<b>Home</b>		<b>Cell</b>	
<b>Email</b>							

## Secondary Contact – NPO Co-Leader

<b>First Name</b>				<b>Last Name</b>			
<b>Address</b>							
<b>City</b>				<b>Province</b>			<b>Postal Code</b>
<b>Tel. Work</b>		<b>Fax</b>		<b>Home</b>		<b>Cell</b>	
<b>Email</b>							

## Treasurer

<b>First Name</b>				<b>Last Name</b>			
<b>Address</b>							
<b>City</b>				<b>Province</b>			<b>Postal Code</b>
<b>Tel. Work</b>		<b>Fax</b>		<b>Home</b>		<b>Cell</b>	
<b>Email</b>							

## Checks Mailed To

<b>First Name</b>				<b>Last Name</b>			
<b>Address</b>							
<b>City</b>				<b>Province</b>			<b>Postal Code</b>

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that this is an application only and does not constitute a binding agreement between my organization and Spectra.

Signature of Group Representative \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_