

Meadow Ridge Female Minor Hockey Association
 23588 - 105th Ave
 Maple Ridge, BC V2W 1B8



Phone: 604-467-8955
 Fax: 604-467-8955

Attention: Dana Clifford
Development Fund Request

Date: _____
 Team: _____
 Coach/Manager: _____

Program Requested: _____
 Company/Organization Name: _____
 Location of instruction: _____
 Dates/ Times/ Duration of instruction: _____
 Cost: _____ (Please attach quote if available)

During each playing season teams will be allotted development funds* (to a maximum allowable limit) from MRFMHA to use for the development / instruction of its players by approved instructors & training organizations. All development receipts **must be submitted monthly** for payment. **Only approved** development activities to the maximum allowable limit will be paid by MRFMHA, any additional costs incurred will be the responsibility of the team/coach. It is the responsibility of the team / manager to submit and receive approval from BC Hockey for any development training / team events that are being held off-ice.

Only development programs with qualified and insured instructors will be approved. Receipts must be detailed and contain full business/organization name, address and contact numbers.

*Coaches will be notified no later than Sept 1st with the \$ amount of the allotted development funds and its maximum allowable limit that is available to them for the current season.

I have read and agree to abide by the terms and conditions above:

 Signature

 Print Name

MRFMHA USE ONLY	
Date received:	
Date approved:	
Amount approved:	
Notes /conditions:	