



RoughRiders Hockey Donation Request Form

Organization _____

Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Is this a non-profit organization? Y N

Non-Profit ID _____

Description of Fundraising or Special Event

Event Details:

Date: _____

Time: _____

Location: _____

ROUGHRIDERS HOCKEY
THE HOTTEST GAME IN THE COOLEST PLACE