



**1883 Black Ice Pond Hockey Association
REQUEST FOR FUNDING**

Name of organization _____

Remit address: _____

City/Town: _____ State: _____ Zip: _____

Business address: _____

City/Town: _____ State: _____ Zip: _____

Taxpayer identification number as used on IRS tax return (EIN): _____

Amount of funds requested: \$ _____

Purpose of requested funds (explain in detail):

Person Making Request: _____

Title: _____ Telephone #: _____

Business address: _____

City/Town: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please attach copies of invoices in consideration of funding.

Failure of an organization to utilize funds as approved will result in immediate termination of disbursement agreement and possible legal action to reclaim any and all funds.

Please forward all requests and documentation for funding to:

1883 Black Ice Pond Hockey Association Executive Board, PO Box 3653, Concord, NH 03302

Approved:

Not Approved: