



Lace 'Em Up Application Form

Application must be forwarded for consideration to the BC Hockey office

Organization Applying: _____

Mailing Address _____

Community Contact: _____

Telephone: _____ **Email:** _____

Proposed Date: _____

Location (Facility Name): _____

What are the committee's goals and objectives: _____

Indicate any innovative or unique factors that you will incorporate into this event: _____

Planned Expenditures (Itemize and list cost(s): _____

Total Planned Expenditures \$ _____

Sources of Revenue: _____



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Itemize and list all other sponsors:

If you have any questions regarding this form or the Lace 'Em Up program, please contact:

BC Hockey
Phone: 250. 652.2978
Fax: 250. 652.4536
email: info@bchockey.net