

Mail Application to:
Minnesota Hockey
Recruitment and Retention
317 Washington Ave
St Paul, MN 55102

PASS THE PUCK



GRANT PROGRAM

Organization _____ Contact _____

Mailing Address _____ City _____

State _____ Zip _____

Daytime Phone _____ **Company EIN _____

Email _____

Date of event or program _____

1. The purpose of this grant program is to increase the number of youth participating in the sport of hockey by providing funds to run **first time programs** that will invite new players to the game.

Please describe the program or event your association is planning for recruiting (details of the event, dates and times, targeted group, Expected impact) _____

2. The Budget to run this program:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attached separate sheet if necessary

Total_____

3. Please list all other financial resources available such as fundraising, charitable gambling etc.

4. List registration numbers for the last 3 years for your association:

Year	Total Registered with your association
_____	_____
_____	_____
_____	_____

Recruitment Director Name_____

Address_____

City_____ State_____ Zip_____

Phone:_____ Email Address_____

Please attach separate sheets[s] if necessary