



Morgantown

Hockey Association

PO Box 154, Dellslow, WV 26531-0154



REQUEST FOR “ADVANCEMENT OF FUNDS”

(FOR PAYMENTS TO BE MADE BY MHA ON BEHALF OF THE TEAM)

Travel Team Name: _____

Team Manager: _____

Email Address: _____

Phone Number: _____

Amount of Check: _____

Check Payable to: _____

Address of Payee: _____

Phone of Payee: _____

Date Needed: _____

Reason for Request: _____

- Requests for “advance” must be made no less than 7 days prior to the date needed.
- All repayments must be made within 4 weeks of the date the check is issued.
- Failure to repay this “advance” within the specified timeframe will result in denial of future requests.
- It is the responsibility of the Team Manager (not MHA) to collect (or acquire sponsorship money) and to submit payments to MHA for repayment of this “advance”. By signing below, the Team Manager acknowledges this responsibility and agrees to collect and repay any outstanding balance of this “advance” upon request. If the team manager is unable to collect from the team members, then he/she will be personally responsible for the balance.

Team Manager: _____ **Date:** _____

(Signature)

You will be notified of the Board’s decision of approval/disapproval of this request.
Please direct any questions to treasurer@morgantownhockey.com