



Team Name: _____

Team Address: _____

Treasurer's Phone #: _____

Email: _____

_____ (Bank Name)
Elmsdale, NS

To Whom It May Concern:

RE: Bank Account for _____ (Team Name)

At a special meeting of the _____
hockey team on _____, 20__ at _____ PM, the parents and players
of the team agreed to the following persons to administer the bank account for the
team:

_____, Treasurer

_____, Manager

They will both be required to sign cheques on the team account and deposit funds
when required. The _____ is a Divisional team
of the East Hants Minor Hockey Association.

Regards,

_____, Head Coach

_____, Treasurer

_____, Manager