

WOODSTOCK MINOR HOCKEY ASSOCIATION INC.

381 Finkle St Woodstock, ON N4V 1A3 Ph 519-539-3181 Fax 519-539-6772

Bottle Drive Application

Team Name: _____

Coach's name: _____

Phone number: _____

Team Rep: _____

Phone Number: _____

Email address: _____

Date of bottle drive: _____

Area #1: _____

Area #2: _____

Area #3: _____

☐ Logo Permission form completed (if needed for flyers, emails or social media)

Dates and areas are handled first come first served. The director will work with you to find something that works if dates/areas are similar to others.

Approval date: _____

Signature of Director: _____