

**Illinois Suburban Hockey League
Grow High School Hockey Incentive Program
APPLICATION**

CLUB NAME: _____

a separate application must be made for each event

EVENT NAME: _____

EVENT LOCATION: _____

EVENT DATE(S): _____

EVENT DESCRIPTION: _____

attach additional sheets if necessary

HOW DOES THIS EVENT PROMOTE HIGH SCHOOL HOCKEY: _____

attach additional sheets if necessary

SUBSTANTIATING DOCUMENTATION:

Attach **originals** of any newspaper articles and advertisements, flyers, pictures

Attach **copies** of any pertinent cancelled checks, applications, receipts, contracts

Attach **copy** of volunteer list(s) and hours.

THESE ITEMS WILL NOT BE RETURNED.

SIGNATURES (CURRENT CLUB PRESIDENT AND CLUB TREASURER MUST SIGN)

PRINTED NAME

PRINTED NAME

SIGNATURE

SIGNATURE

Mail application and documents to:

ISHL PO Box 1179 New Lenox IL 60451 or bring to monthly league meeting