

APPLICATION TO HOST (PAGE 1 OF 4)

Organization Applying: _____

Event Contact: _____

Phone: _____ Fax: _____

Email: _____

Shipping Address: _____

Event Date: _____

Location: _____

What is the Maximum number of participants you would accept at your event? _____

What are the Committees goals and objectives?

What are your advertising plans to ensure optimum first time player registration?

** FORWARD COMPLETED ESSO FUN DAY APPLICATION (4 PAGES)
TO YOUR BRANCH OR PROVINCIAL FEMALE HOCKEY REPRESENTATIVE.
CONTACT INFORMATION PROVIDED ON THE PREVIOUS PAGE**

APPLICATION (PAGE 3 OF 4)

BUDGET WORK PLAN

FINANCIAL SUPPORT (other organizations)

NAME	AMOUNT
_____	_____
_____	_____
_____	_____
TOTAL	_____

SOURCES OF REVENUE (donations)

ESSO FUNDING	_____
_____	_____
_____	_____
TOTAL	_____

EXPENDITURES (enclose a copy of receipts)

ICE	_____
FACILITY RENTAL	_____
FOOD AND BEVERAGES	_____
ADVERTISING	_____
_____	_____
TOTAL	_____

TOTAL REVENUE	_____
TOAL EXPENDITURE	_____
DIFFERENCE	_____

APPLICATION (PAGE 4 OF 4)

NOTE: LEAD INSTRUCTOR MUST HAVE A MINIMUM COACH LEVEL CERTIFICATION
A MINIMUM 1 INSTRUCTOR PER 5 PARTICIPANTS IS STRONGLY ENCOURAGED.

NAME:

LEAD INSTRUCTOR ON-ICE:

PRESENT INVOLVEMENT IN HOCKEY:

GROUP LEADERS:

LEAD INSTRUCTOR OFF-ICE:

OTHER INSTRUCTORS/VOLUNTEERS/ROLE MODELS:

EVENT ROSTER/WRAP-UP FORMS (PAGE 1 OF 5)

(All wrap-up forms and receipts must be returned in order to receive branch subsidy.)

Community Lead _____

Email _____ Phone _____

Location _____ Date _____

Participants _____ # On-ice Instructors _____ # Off-ice Instructors _____ # Volunteers _____

Lead On-ice _____

Email _____ Phone _____

Other Instructor _____

Email _____ Phone _____

Other Instructor _____

Email _____ Phone _____

Other Instructor _____

Email _____ Phone _____

Other Instructor _____

Email _____ Phone _____

Other Instructor _____

Email _____ Phone _____

Other Instructor _____

Email _____ Phone _____

Please identify any other Volunteers and/or Role Models that assisted with your event

EVENT ROSTER/WRAP-UP FORMS (PAGE 2 OF 5)
 Use this form to assist you when dividing participants into groups based on experience and/or age
 MANDATORY FORM- please return a copy to Hockey Canada

#	PARTICIPANT	DOB d/m/y	PHONE	ADDRESS	CITY	POSTAL CODE	HOCKEY EXPERIENCE
1							none / 1yr / 2yr / ringette m / f
2							none / 1yr / 2yr / ringette m / f
3							none / 1yr / 2yr / ringette m / f
4							none / 1yr / 2yr / ringette m / f
5							none / 1yr / 2yr / ringette m / f
6							none / 1yr / 2yr / ringette m / f
7							none / 1yr / 2yr / ringette m / f
8							none / 1yr / 2yr / ringette m / f
9							none / 1yr / 2yr / ringette m / f
10							none / 1yr / 2yr / ringette m / f
11							none / 1yr / 2yr / ringette m / f
12							none / 1yr / 2yr / ringette m / f
13							none / 1yr / 2yr / ringette m / f
14							none / 1yr / 2yr / ringette m / f
15							none / 1yr / 2yr / ringette m / f
16							none / 1yr / 2yr / ringette m / f
17							none / 1yr / 2yr / ringette m / f
18							none / 1yr / 2yr / ringette m / f
19							none / 1yr / 2yr / ringette m / f
20							none / 1yr / 2yr / ringette m / f

PARTICIPANT SURVEY – WRAP-UP FORMS (3 OF 5)

Thanks! For being a part of Esso Fun Days.

Please take a moment to tell us how your day was.

1. Did you have fun?
 OHHH YEAH! GREAT KINDA NOT REALLY
2. What did you like the best about Esso Fun Day?
 ON-ICE ACTIVITIES
 OFF-ICE ACTIVITIES
 EVERYTHING
3. Did you meet new friends?
4. Why did you want to come to an Esso Fun Day?
 TRY FEMALE HOCKEY TO MEET NEW PEOPLE
 DEVELOP MY HOCKEY SKILLS I LIKE HOCKEY
 MY FRIENDS
5. Did you like your coaches?
 OHHH YEAH! GREAT KINDA NOT REALLY
6. What was the best part of the on ice activities?
 SKATING PLAYING HOCKEY SHOOTING
 GAMES SUPERWOMAN DIVE EVERYTHING
7. What are (3) things that you learned today?
 - 1.
 - 2.
 - 3.
8. Now that you have experienced hockey, do you want to play on a female team?

PARENT SURVEY – WRAP-UP FORMS (4 OF 5)

Please take the time to complete this evaluation. Your comments will provide useful information when planning future programs. Thank you!

1. What did you like most about the Esso Fun Day?

2. How could we improve the program?

3. What component of the event did you find most useful for you as a parent?

4. How did you hear about the Esso Fun Day Program?

5. How would you rate our coaches?
 EXCELLENT VERY GOOD FAIR POOR

6. Were you provided with information regarding Female Hockey in your area/community?

7. How did your daughter access equipment?

8. Now that you have experienced female hockey, do you want your daughter to play on a female hockey team?

9. Did you find the registration process for the Esso fun Day simple?

10. Are you interested in becoming more involved in a volunteer role with your Hockey Association?

FINAL BUDGET – WRAP-UP FORMS (PAGE 5 OF 5)

BUDGET WORK PLAN

FINANCIAL SUPPORT (OTHER ORGANIZATIONS)

NAME	AMOUNT
_____	_____
_____	_____
_____	_____
TOTAL	_____

SOURCES OF REVENUE (DONATIONS)

ESSO FUNDING	_____
_____	_____
_____	_____
TOTAL	_____

EXPENDITURES (enclose a copy of receipts)

ICE	_____
FACILITY RENTAL	_____
FOOD AND BEVERAGES	_____
ADVERTISING	_____
_____	_____
TOTAL	_____

TOTAL REVENUE	_____
TOAL EXPENDITURE	_____
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