ECHLBC APPROVAL REQUEST FORM

TO:
East Coast Hockey League

FROM CLUB:

FAX NUMBER:
1-609-452-7147

ECHLBC CLUB REPRESENTATIVE:

PHONE NUMBER:
1-609-452-0770

FAX NUMBER:

DATE:

PHONE NUMBER:

RE:
Booster Club Provisions

NOTES/COMMENTS/REQUESTS:

ECHL Decision: ☐ **Approved** ☐ **Denied**

ECHL Liaison Authorization: _____

ECHL Comments: _____

Allow minimum of two (2) weeks for response for the ECHL.