



BOW RIVER BRUINS

HOCKEY ASSOCIATION

PO Box 27048 RPO Tuscany SDM, Calgary, Alberta T3L 2Y1

Date: _____

To Whom It May Concern:

This letter is to confirm that the following people are active members of the Bow River Bruins Hockey Association and will be acting as signing authorities on their team's bank account. As per our financial guidelines, either may deposit but both are required to withdraw funds.

Team Name: _____

Team member/role: _____

Team member/role: _____

Regards,

A handwritten signature in black ink that reads "Hylands".

Lesley Hylands
Administrator
Bow River Bruins Hockey Association

e. admin@bowriverhockey.ca
w. www.bowriverhockey.ca