REQUEST AND AUTHORIZATION FORM

THE USE OF THE GREATER BOSTON JUNIOR BRUINS LOGOS

Team Name:					
Vendor w/contac	t info and email:				
Description of Re	quest:				
Logo #					
We require that you sign and return this form with coach/manager signatures below. If approved by the Director of the Greater Boston Junior Bruins (GBJB), it will serve as your authorization to proceed with the request described above.					
We,, the coach/manager of (team					
name), do attest that we understand that the GBJB					
logos are the pro	priety right of the	Greater Bosto	n Junior Bruins	Hockey Organiza	tion and may not be
reproduced or altered (in any form) without prior written consent of the Director of the Greater					
Boston Junior Bruins (GBJB) Organization. Greater Boston Junior Bruins Hockey Organization is					
committed to consistency and uniformity for "identity/branding" of the organization. Therefore, no					
alterations of the original design will be endorsed for entities outside of Greater Boston Junior Bruins					
for apparel or online, print or other forms of communication (posters, merchandise etc.).					
This approved authorization limits the use of the logo # GBJB Organization to the request clearly described above. Any additional requests, different in nature or outside of approval must be resubmitted and approved by the GBJB Organization Director.					
Head Coach					
Team Manager			-	Date	Approved
Logo 1	Logo 2	Logo 3	Logo 4	Logo 5 R. BRUING BOSTON	Logo 6 JR. BRUINS