

TEAM FUND RAISING REQUEST FORM

Request Date: _____ Team Name: _____

Purpose of Fund Raising: (what the funds will be used for)

Type of Fund Raising Activity: _____

Beginning & Ending Date: _____ Location: _____

Persons Responsible for Funds: (one must be the Head Coach for this team)

Name: _____
Address: _____
Phone #: _____
Email: _____

Name: _____
Address: _____
Phone #: _____
Email: _____

Approved () _____ Date Received: _____
Disapproved () _____ Date of Decision: _____
Reason/Comments: _____

Signed: _____ (Fund Raising Chairman)

Signed: _____ (President)