

FUNDRAISER FORM

COACHES NAME: _____

TEAM NAME: _____

PROJECTED DATE: _____ (MM/DD/YY)

SEASON: _____
(FALL, WINTER, SPRING, SUMMER)

REASON FOR FUNDRAISER: _____

PLEASE CHECK:

- IF ALL PLAYERS WILL PARTICIPATE IN FUNDRAISER
- IF THE FUNDRAISER IS 18+
- IF THE FUNDRAISER IS 21+

FUNDRAISER TYPE:

- | | | |
|--|---|---|
| <input type="checkbox"/> FOXWOODS TRIP | <input type="checkbox"/> NEW YORK TRIP | <input type="checkbox"/> SALEM TRIP |
| <input type="checkbox"/> WONDERBOWL | <input type="checkbox"/> BINGO FUNDRAISER | <input type="checkbox"/> HERSHEY FUNDRAISER |
| <input type="checkbox"/> PINK ZEBRA | <input type="checkbox"/> YANKEE CANDLE | <input type="checkbox"/> PAINT NIGHT |
| <input type="checkbox"/> PAMPERED CHEF | <input type="checkbox"/> OTHER: _____ | |

IF OTHER PLEASE FILL OUT BELOW:

TYPE: _____ LOCATION: _____ COST: _____

PERSON OF CONTACT: _____
(NAME / EMAIL OR PHONE NUMBER)

SIGNATURE: _____

DATE: _____

APPROVED BY: _____

DATE: _____