

FUNDRAISER FORM

COACHES NAME: _____ AGE GROUP: _____

START & END DATE: _____(MM/DD/YY) SEASON:(FALL, WINTER, SPRING, SUMMER)

INTENT OF FUNDS RAISED USAGE: _____

PLEASE CHECK:

- ALL PLAYERS MUST PARTICIPATE IN FUNDRAISER (CHECK THAT YOU UNDERSTAND)
- THE FUNDRAISER IS 18+
- THE FUNDRAISER IS 21+

FUNDRAISER TYPE:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> FOXWOODS TRIP | <input type="checkbox"/> SCRATCH TICKET | <input type="checkbox"/> COMEDY SHOW |
| <input type="checkbox"/> WONDERBOWL | <input type="checkbox"/> BINGO NIGHT | <input type="checkbox"/> CHOCOLATE |
| <input type="checkbox"/> COLOR PAGE | <input type="checkbox"/> YANKEE CANDLE | <input type="checkbox"/> PAINT NIGHT |
| <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: _____