This form is to be used to apply for all fund raisers.

Team ___________________________ JV ________ Varsity ________
Coach ___________________________ Phone ________________________
Lead Parent ________________________ Phone ________________________
Date(s) of Fund Raiser ______________

Location of Fund Raiser ________________________________________

Description of Fund Raiser: (Please provide an order form or any additional information necessary to clarify your request.) ________________________________

________________________________________________________________________

Projected amount of money to be raised _____________________________

Purpose of the Fund Raiser - you must be specific.

________________________________________________________________________

________________________________________________________________________

If the Fund Raiser is a donation, please complete the following:

Donor ___________________________ Amount _________________

Does the donor wish to remain anonymous? _____________________________

Approval: (signature and date):

Coach ___________________________ Date _________________

Athletic Director ____________________ Date _________________

Principal __________________________ Date _________________

Athletic Booster President ______________ Date _________________

Athletic Booster Treasurer ______________ Date _________________

Copy to: Administration, Athletics Department, Coach, Athletic Boosters