



## Team Fundraising Approval Request 2016-2017

Team: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Fundraising Rep: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Purpose for Fundraising:

### Fundraising Details

Activity	Start Date	End Date	Supplier	Estimated Profit
1				
2				
3				

Coach or Manager Signature: \_\_\_\_\_

Form to be submitted to \_\_\_\_\_