

TEAM FUNDRAISING PROPOSAL FORM

Team Fundraiser

Type _____

Targeted donors _____

Start date _____ End date _____

Boys' fundraiser _____ Girls' fundraiser _____

Team support _____ Coach support _____

Event Coordinator

Name _____

Phone _____ E-mail address _____

Address _____

Fundraising Event

Describe the fundraiser _____

Are the raised funds to be earmarked? If so, explain _____

Projected revenue \$ _____ Projected expenses \$ _____

Advance funds needed \$ _____

Does this fundraiser involve gambling/bingo or a raffle? _____

Will donors contribute more than \$250 per donation? _____

How will you maintain financial control/security? _____

To be completed by the Booster Club Board

Advance funds available _____ Annual plan _____ License/Permit _____

Fundraising Director _____

In favor _____ Opposed _____ Abstain _____

President signature _____ Date _____

Treasurer signature _____ Date _____

Fundraising Director signature _____ Date _____