

# AMITY ATHLETICS TEAM FUNDRAISER REQUEST

THE \_\_\_\_\_ TEAM PLANS TO RAISE FUNDS.

THE FUNDRAISER WILL START ON \_\_\_\_\_ AND END ON \_\_\_\_\_.

1. DESCRIPTION OF THE TYPE OF FUNDRAISER: \_\_\_\_\_

\_\_\_\_\_

2. THE FUNDS WILL BE USED FOR THE FOLLOWING: \_\_\_\_\_

\_\_\_\_\_

3. THE ESTIMATED GOAL AND/OR PROJECTED FUNDS THAT WILL BE RAISED \_\_\_\_\_.

4. IS PROFESSIONAL COMPANY GOING TO BE USED? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPANY CONTACT \_\_\_\_\_

5. QUANTITY TO BE ORDERED \_\_\_\_\_

6. THE COST PER UNIT: \$ \_\_\_\_\_ THE SALE PRICE \$ \_\_\_\_\_

**I have read the policy on fundraising and I understand that all monies derived from the fundraising activities must be deposited into the team's activity fund account or booster account and a receipt be made available upon request by administration.**

**REQUESTED BY (Print):** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_

**COACH APPROVAL (Print):** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date** \_\_\_\_\_

**DIRECTOR OF ATHLETICS APPROVAL:** \_\_\_\_\_ **Date** \_\_\_\_\_

**OVER**