



# APPLICATION FOR TEAM FUNDRAISER

DATE: _____	TEAM NAME: _____
SCHEDULED START DATE: _____	END DATE: _____

<b>DESCRIPTION OF FUND RAISING ACTIVITY</b>	<i>(ONE ACTIVITY PER APPLICATION)</i>
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<b>DESCRIPTION OF HOW RAISED FUNDS WILL BE UTILIZED</b>	<i>(INCLUDE AWARDS, TEAM PARTIES, ETC.)</i>
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COACHES SIGNATURE

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TEAM MOM



NOTES:



**Complete this section within two weeks of the end of the fundraiser and submit to the District Activity Fund Custodian at the ESC.**

Total Funds Collected

Total Expenses

Net Profit (Loss)

