



WHEATFIELD BLADES HOCKEY ASSOCIATION INC.

FUND RAISER APPROVAL FORM

(All fundraisers must end February 1, of the current season)

Team: _____ Date of request: _____

Name: (Coach, Mgr. or Team Rep.) _____

List Fund Raiser (*Please print all information*)

Fund Raiser 1 - Describe event or activity: _____

Date of event: _____ Location of event: _____

Duration of event (*Must end Feb. 1*) _____ Estimated revenue to be collected \$ _____

_____ Approved _____ Disapproved _____ Date _____

Fund Raiser 2 - Describe event or activity: _____

Date of event: _____ Location of event: _____

Duration of event (*Must end Feb. 1*) _____ Estimated revenue to be collected \$ _____

_____ Approved _____ Disapproved _____ Date _____

Fund Raiser 3 - Describe event or activity: _____

Date of event: _____ Location of event: _____

Duration of event (*Must end Feb. 1*) _____ Estimated revenue to be collected \$ _____

_____ Approved _____ Disapproved _____ Date _____

All fundraiser requests must be presented to the Board of Directors by the Coach, Manager, or Team Representative at a Wheatfield Blades Board meeting with a \$ 50.00 check deposit.

I understand I must provide a financial statement within 10 days of the completion of the fundraiser(s) to the Wheatfield Blades treasurer, at which time I will receive my deposit refunded.

Name: (Print): _____ **Signature:** _____

Title (Coach, manager etc....) _____ **Date:** _____