

# REQUEST FOR FUNDRAISING/SOLICITATION



**Team Account:** \_\_\_\_\_

*PLEASE PRINT/TYPE.*

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Type of Activity: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

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Estimated Cost? \_\_\_\_\_

Estimated Profit? \_\_\_\_\_

Procedure(s) to be used: \_\_\_\_\_

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Proposed Date(s) of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Coach: \_\_\_\_\_ Parent Rep: \_\_\_\_\_

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AD Approval:	_____	_____	_____
	Signature	Printed Name	Date

**AND/OR:**

Board Approval:	_____	_____	_____
	Signature	Printed Name	Date

**\*Send to Athletic Director at least two (2) weeks prior to anticipated beginning date of the activity.**

\*\*Revenue is receipted to individual customers and deposited directly with the Panther Creek Athletic Booster Club. Expenses will be paid directly by the Panther Creek Athletic Booster Club. The Team Parent Rep or designee will be responsible for the tracking, handling, and dispensing of funds.