

REQUEST FOR APPROVAL OF FUNDRAISING UNDER THE COLOURS AND BANNER OF LANGFORD MINOR FASTBALL ASSOCIATION

Name of Applicant: _____

Coach's Name: _____

Team Category: _____

Fundraising Activity: _____

Fundraising Location: _____

Target Amount or Amount Sought: _____

Date/s of Fundraising Activity: _____

Specific Purpose of Team Fundraising:

1. Clothing or related (please specify): _____

2. Equipment (please specify): _____

3. Team's travel fund (i.e., accommodations): _____

a) Provincials _____ b) Other tournaments _____

4. Tournament entry fees: _____

5. Season End round-up party: _____

6. Other (please specify): _____

7. Is your outline of your purposed disbursement of residual monies attached?

Yes _____ No _____

8. Langford Minor Fastball Association reserves the right to direct any or all such fundraised monies into Langford general bank account for the purpose of disbursement at the request of the team coach.

Agree _____ Disagree _____

Please note: issues related to unauthorized fundraising activity may be subject to BYLAW, Article 1, section 9.

Applicant's signature _____ phone number _____

Coach's signature _____ phone number _____

Co-coach's signature _____ phone number _____