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Date Reviewed: \_\_\_\_\_

Approved

Denied

## EVERETT ALVAREZ ATHLETICS BOOSTER CLUB FUNDRAISING FORM

Date Submitted: \_\_\_\_\_ EAHS Athletic Team: \_\_\_\_\_

Program Head Coach: \_\_\_\_\_

Contact Phone # and Email: \_\_\_\_\_

Proposed fundraiser (include any supporting documentation):

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Purpose of funds that are being raised (ie goal for fundraiser and benefits):

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Could this fundraiser be done through the team's ASB account? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain why your team would benefit from going through EAABC instead of ASB. If no, why can't your team do this through ASB?

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Proposed date/date-range of fundraiser: \_\_\_\_\_

Please summarize how the funds will be used to benefit EAHS athletics and the students who participate in your sport:

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Will the fundraiser requested have matching funds from another source? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the source and status of matching funds:

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Has your team shown support for the EAABC by volunteering to work at events sponsored by the EAABC and/or membership in the organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: