

Team Support Group Fundraiser Request Form

Team Name: _____

Date of Fundraising Activity: _____

Briefly describe the nature of the fundraiser (include details such as how and where the fundraiser will be conducted, participants, if there are any planned external sponsors, etc.)

Contact person: _____

Phone: _____

E-Mail: _____

Approved: _____ Denied: _____

Comment: _____

SA Sports Booster officer: _____