



## Fundraiser Application

Date Prepared: \_\_\_\_\_ Date Received by CNN: \_\_\_\_\_

**\*\*Please review the fundraising policies and guidelines found in CNN Spurs Minor Hockey Association Policy and Procedure prior to completing this form. In order to be approved, this form, must be accompanied by your TEAM BUDGET.**

Fundraiser Description: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Team(s) & Division Level: \_\_\_\_\_  
\_\_\_\_\_

Contact Person(s) and Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

What is the profit from this fundraiser to be used for?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how much profit does your group hope to gain from this fundraiser?  
\_\_\_\_\_

Briefly describe the major components of the fundraiser below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Forward to: CNN Spurs Fundraising Coordinator by October 15 (November 15 for Initiation)**