



CBS Kiwanis Minor Baseball Team Fundraising Request Form



Name of Team & Head Coach: _____

Purpose of Fundraising: _____

Tournament Location & Dates: _____

Proposed Budget:

Air Transportation (If applicable)	_____	x	_____	# of people		\$	_____		
Ground Transportation (Provide details)	_____					\$	_____		
Accommodations	_____	x	_____	# of people	x	_____	# of nights	\$	_____
Tournament Registration Cost						\$	_____		
Additional Expenses (Provide details)	_____					\$	_____		
TOTAL ELIGIBLE EXPENSES						\$	_____		
TOTAL COST PER PLAYER						\$	_____		

Fundraising Activities:

Please list planned activities with dates and projected profit from each initiative (attach separate page if needed)

Team Manager Name: _____

Phone #: _____

E-mail Address: _____

Date: _____

I have read the CBSKMBA Fundraising & Sponsorship Policy and agree to follow the terms and procedures within said policy