



Fundraising Request

(Form must be Submitted for approval to the High River Lacrosse Association Board **14 days prior to** Fundraiser for approval)

Team: _____ Team Representative: _____
Team Contact Number: _____ Team Contact Email: _____
Fundraiser Location: _____
Date and Length of Fund Raiser: _____

Description of Fund Raiser:

Approval by High River Lacrosse Association

Signed _____ Date _____

To be completed and handed in to the High River Lacrosse Fund Raising Coordinator, **after** the Fundraiser

Length of Event: _____ (hours)
of team members attended: _____
Approximate amount of funds raised: \$ _____

Brief Description of problems/success @ the event:

By signing below you verify that the _____ has completed a fundraiser for the

(Name of organization) (Team name)

Signed _____ Date _____

Association Fund Raising Coordinator

Signed _____ Date _____

Fundraising Event Coordinator

