



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 Fundraiser:**

Approval by High River Lacrosse Association

Signed _____ Date _____

*To be completed and handed in to the High River Lacrosse Fundraising 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**