

## Team FUNDRAISING REQUEST FORM

---

### Approved Raffle Number:

Your Name:

Team Name (eg. U13C, U15B - Coach Name):

The fundraiser our team would like to do is:

Price per ticket:

Total number of tickets printed:

What colour will your ticket be:

What is the estimated cost of printing:

What is your prize(s) worth:

How much will the prize cost your team:

Raffle Start Date:

Raffle End Date:

Where will your draw take place:

What do you plan to use the proceeds from the ticket sales for (eg. tournament entry, training, provincials, etc):

- Please return form with signed winning ticket number to LMSA Sponsorship & Fundraising Coordinator.

### After Raffle:

Date:

Actual Cost to Print:

Winning Number:

Winner Pick Up Date:

# of Tickets Sold:

Amount Fundraised:



Lacomb Matrix  
Lacomb Selects