



FUNDRAISING FORM
LANGFORD MINOR FASTBALL ASSOCIATION

REQUEST FOR APPROVAL OF FUNDRAISING UNDER THE COLOURS AND BANNER OF
LANGFORD MINOR FASTBALL ASSOCIATION

Name of Applicant:
Coach's Name:
Team Category:
Fundraising Activity:
Fundraising Location:
Target Amount or Amount Sought:
Date(s) of Fundraising Activity:

Specific Purpose of Team Fundraising:

- 1. Clothing or related (please specify):
2. Equipment (please specify):
3. Travel fund (i.e., accommodations):
4. Tournament entry fees:
5. Season End round-up party:
6. Other (please specify):
7. Is your outline of your purposed disbursement of residual monies attached?
8. Langford Minor Fastball Association reserves the right to direct any or all such fundraised monies into Langford general bank account for the purpose of disbursement at the request of the team coach.

Agree Disagree

Please note:

Issues related to unauthorized fund raising activity may be subject to BYLAW, Article 1, section 9.

Applicant's signature: phone number:
Coach's signature: phone number:
Co-coach's signature: phone number: