

**Athletic Department
Fund Raiser Request**

date submitted

All fund raising activities must be approved by the Athletic Director prior to the event.

Fund Raiser: _____

Date of Event: _____ Coach Responsible: _____

Description of Event: _____

Proposed use of money generated: _____

List the names of all participating commercial vendors: _____

Estimated Expenses: _____ Approved _____ Denied _____

Reason for Denial: _____

Signature of Athletic Director

Date

Summary Report

To be completed within one week of conclusion of the event.

Actual Expenses: \$ _____ Amount Raised: \$ _____

TOTAL Profit: \$ _____

Signature of Coach

Date