

SKY VOLLEYBALL

FUNDRAISING APPLICATION FORM

Fundraising Application Form

This application must be completed 14 days prior to the fundraising activity taking place. Please email the completed application form to: info@skyvolleyball.ca
Once your application is received it will be considered by the Sky Volleyball board of directors and you will be contacted with the outcome.

TEAM DETAILS

Team: _____

Team Contact: _____

Phone Number: _____

Email: _____

FUNDRAISING ACTIVITY

Type of Activity: (describe the type of fundraising you would like to do). Include the company you are using if relevant.

Date(s) of Activity

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Participants:
Projected profit from Activity:
What will the profits be used for? (ie: tournament fee, meals, accommodation)
Any other information?

Other Teams	Yes	No	Comments
Can other teams in the club participate in the Activity to raise funds for their team?			
If Yes, who should they contact?			