

## **FUNDRAISING FORM**

Updated: July 17th, 2023

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This application must be completed **14 days before** the fundraising activity taking place. Please email the completed form to <u>fundraising@skyvolleyballlcub.ca</u>

Once your application is received, it will be reviewed by the Sky Fundraising Committee.

Team Details								
Team:		Team Contac	t:					
Phone:	Email:		Date:					

## **Fundraising Activity**

Type of Activity and Information: (describe the type of fundraising you would like to do).

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Date(s) of Activity:					
Company/business name:					
Participants (beyond team): Projected profit:					
What will the proceeds be					
used for:					
Can other teams participate in the activity for their team?		their team?	YES	NO	
If yes, who is the contact / number:					

SKY Use Only (SKY will return this form within 3 days of receiving form)						
Approved	Date:	Rationale if NO:				
YES NO						

<b>Financials</b> (Teams to return this form 7 days after activity)								
Gross Revenue:	Expenditures:	Profit:						

## SKYVOLLEYBALL