SPAA

St Paul Athletic Association

Request for Fundraiser

SEASON: (Circle one)	**Soccer/Volleyball**	**Basketball**	**Baseball/Softball**
TEAM:			
COACH:		PHONE :	

FUNDRAISER INFORMATION			
TYPE (ex: popcorn sales)	PURPOSE	VENDOR INFO (Name, Address, Phone)	DATES OF FUNDRAISER

I have read all policies and procedures regarding fundraisers with SPAA and understand that all monies received must be submitted to the Treasurer within 2 weeks of the event. I understand that an income and expense report must be submitted before the end of the season in which the fundraiser is being held.

HEAD COACH'S SIGNATURE _____ DATE _____

SPAA BOARD APPROVAL/DENIAL	
	APPROVED
	DENIED (Reason listed below)

SPAA PRESIDENT _____ DATE _____ SPAA OFFICER _____ DATE _____