



Bulldog Athletic Club - Application for Fundraising Activity

FUNDRAISING EVENT INFORMATION

Applicant Name: _____ Date: _____

Name of Fundraiser: _____

Date(s) of Fundraiser: Month: _____ Day: _____ Year: _____

Start Date: ___ / ___ / ___ Start Time: ____: ____ End Date: ___ / ___ / ___ End Time: ____: ____

(Please note that fundraising during the school day is prohibited)

FUNDRAISING METHODS & REVENUE

Indicate the method in which funds will be raised:

- Pledges/Online Campaign Tournament/Meet Camp/Clinic
 Restaurant Group Raiser Ticket Sales Bake Sale/Fish Fry
 Other (describe): _____

Website URL (if applicable): _____

List all Items to be Sold and Price: (If applicable)

| | | | | |
|------------------------|--|--|--|--|
| Item: i.e Dinner Plate | | | | |
| Price: i.e \$8.00 | | | | |

Estimated Gross Income: \$ _____ Estimated Expenses: \$ _____

Intended Use of Funds: Uniforms Equipment Meals General Funding

SUBMISSION

****All submissions should be made 28/days in advance of the scheduled event from the Head Coach** to the Development Committee Chair via email to: srmhsabcadv@gmail.com. Any fundraising event conducted with-out the written consent of the BABC and School Administration will not qualify for receipt by the BABC and are disqualified from any 501 (c) 3 tax-exemption. Cooperative fundraising activities (those which benefit a single individual), door to door and street solicitations are strictly prohibited.

Acknowledgement:

Head Coach - Printed Name: _____

Head Coach - Signature: _____

BOOSTER CLUB APPROVALS

* BABC Booster Committee Chair: Signature: _____ Date: ___ / ___ / ___

* BABC President: Signature: _____ Date: ___ / ___ / ___

SCHOOL ADMINISTRATION APPROVAL

* School Principal: Signature: _____ Date: ___ / ___ / ___

All submissions require both BABC and School Administration Approval