

Funds cannot be accepted without a completed form

**CHESAPEAKE HIGH SCHOOL
ATHLETIC BOOSTER ASSOCIATION
Team Fundraiser Request Form**

Team _____ **Coach** _____

Coordinating Parent(s) _____

1) Description and purpose of fundraiser (i.e. what will the funds be used for?) (Please attach any flyers, pamphlets, ad slicks, etc.)

2) **Date of Fundraiser -**

3) Anticipated revenue to be generated -

4) Describe Booster Club participation in the fundraiser, if any:

5) **Date funds will be delivered to the Booster Board (Not to exceed 1 week from event) -**

6) When are the funds expected to be spent?

Signature of Team Coach _____ Date _____

Approval of Athletic Department _____ Date _____

Approval of Principal _____ Date _____

Approval of Athletic Boosters _____ Date _____

Amount Deposited into Individual Booster Account \$ _____

Coach or Designated Representative _____ Date _____

Verified by _____ Date _____

Please return this form with any funds to be deposited into your account.

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