

*Creating a Love for the game through a positive environment  
that develops skills, character and excellence*



## St. Vrain Football Club (Club) Fundraising Application Form

*Submit Form to \_the Club Board of Directors\_\_\_\_\_ - 8 weeks in advance of the event. Also provide any supporting documentation and information for the reviewing parties to better determine suitability for approval.*

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date and Time of Event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **ORGANIZATION/TEAM:**

Name of team submitting this request: \_\_\_\_\_

Applying Organization/Teams Representative

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **EVENT DETAILS**

Purpose and Benefit Derived from the Event and the Type of Event or Solicitation:

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### **EVENT LOCATION:**

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### **CONTRACTED OR RETAINED FUNDRAISING PARTIES:**

Service Provider/Providers

Services to be provided: \_\_\_\_\_

Service Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Projected Donation from Fundraising Event: \$ \_\_\_\_\_

Projected Cost from Fundraising Event: \$ \_\_\_\_\_

By signing this request, the applying representative commits to conducting an event in a manner respectful to all SVFC staff, board members, coaches and players. Fundraising activities will be limited to the preapproved requirements state above. Any change to the above requirements must be submitted for approval.

Signature of Responsible Applying Representative: \_\_\_\_\_

\_\_\_\_\_ **REVIEW AND RECOMMENDATION:**

Recommended for Full Board Approval / Not Recommended for Full Board Approval

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit Required: \$ \_\_\_\_\_

**APPROVED / DISAPPROVED:** (circle one)

\* Approved or Disapproved is determined by a majority vote of the Board of Directors and signed by their agent.

Designated agent of the Board  
\_\_\_\_\_