

**Sherburne-Earlvile Athletic Booster Club
Fundraising Request Form
(one request per form)**

Date of Request: _____

Sport Requesting Fundraiser: _____

Coach Approval: _____

Fundraiser Activity: _____

Fundraiser Purpose: _____

Date of Fundraiser: _____

Location of Fundraiser: _____

Completed form should be submitted to the Athletic Director, who will present this request at the next Booster Club Meeting for approval.

*Please remember that the Booster Club's objective is to help facilitate your fundraiser. Our position is **ONLY** to ensure your fundraiser is profitable and that there is not a conflict with any other event that could impair your goal.*

(To be filled out by the Booster Club)

Date Received: _____

Received by: _____

Booster Club Decision/Remarks: _____
