

AYAC 2010 SEASON TEAM FUNDRAISER REQUEST

FOOTBALL

AGE GROUP _____ A or B TEAM Name _____

CHEERLEADING

AGE GROUP _____

HEAD COACH _____

TEAM MOM _____

DESCRIPTION

WHAT FUNDS EARNED WILL BE USED FOR

DATE OF EVENT _____ TIME OF EVENT _____

LOCATION OF EVENT _____

RESPONSIBILITIES OF PLAYERS/CHEERLEADERS AND SUPERVISIONAL STAFF FOR FUNDRAISING EVENT

HEAD COACH SIGNATURE _____ DATE _____

VICE PRESIDENT SIGNATURE _____ DATE _____

APPROVED _____

DENIED _____

Note:

Per board guidelines, teams will be denied unless REQUIRED organizational fundraiser minimums have been met. Please forward any questions about this policy to: Rex Stewart at amelia.thunder@fuse.net