

FUNDRAISING EVENT FORM

Individuals must be granted approval by the Fundraising Committee of the Advisory Board prior to holding a fundraising event or engaging in any fundraising activity. All Fundraising Event Forms shall be reviewed for approval at the monthly meetings of the Fundraising Committee of the Advisory Board, as well as by club administration upon approval by the Fundraising Committee. Please submit this form to Fundraising@SportingOK.com, no less than two (2) weeks prior to the proposed start date of the activity or event. No proposed fundraising activity or event shall be advertised or promoted, nor shall any advertising or promotional material be utilized, prior to approval.

Fundraising Coordinator Contact Information

Team: _____ Name: _____
Phone: _____ Address: _____
Email: _____

Proposed Fundraising Activity or Event Information

Title: _____
Start Date: _____ End Date: _____
Time(s): _____ Location: _____

Please provide a brief description of the proposed fundraising activity or event.

Please provide a brief explanation of how the funds will be raised.

Please provide a brief explanation of how the funds will be utilized.

Please briefly describe your target market or audience.

If a raffle will be held as part of this activity, please indicate the total value of the prizes.

Please provide any additional information about your proposed fundraising activity or event.

Financial Information

Approximate Fundraising Goal: \$ _____

Current Team Account Balance: \$ _____

Advertising and Promotional Materials

Please attach any proposed advertising or promotional materials you intend to use to publicize your fundraising activity or event. Should you wish to utilize the club logo or name for your fundraising activity, please attach any proposed designs.

Certification and Signature

By submitting this form, I hereby certify the information provided is true and accurate, to the best of my knowledge. Furthermore, I understand false or misleading information contained herein may result in the cancellation of my proposed fundraising activity or event, should this form be approved.

Signature: _____

Date: _____

Review and Approval

Signature: _____
Chairperson of the Fundraising Committee of the Advisory Board

Date: _____

Signature: _____
Member of Club Administration

Date: _____

Approval: Yes _____ No _____ If no, explain: _____