

SPRING-FORD ATHLETIC BOOSTER CLUB

Find us on the web: www.sfboosterclub.net

Fundraising Application Form

(Must be submitted for approval **at least 2 WEEKS** prior to fundraiser)



Date of Application: _____ Sport: _____

Head Coach Signature: _____

Team Parent: _____

Start Date of Fundraiser: _____ Ending Date: _____

Fundraiser type:

Monies will be used for:

Athletic Department:

Signature Date Approved Not Approved

Booster Club:

Signature Date Approved Not Approved

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Fundraising Results: (Complete and submit with receipts attached upon completion of fundraiser)

INCOME

	Amount
TOTAL INCOME	

EXPENSES

	Amount
TOTAL EXPENSES	

NET INCOME: _____