

## SMHA Team Fundraising Application

Team Name: \_\_\_\_\_

Parent Rep: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Parent Rep Telephone Number: \_\_\_\_\_

Budget Amount: \_\_\_\_\_

***Purpose for Fundraising (Please note SMHA Guidelines):***

***Fundraising Item Details:***

	<i>Activity</i>	<i>Start Date</i>	<i>End Date</i>	<i>Supplier(s) of Item(s)</i>	<i>Estimated Profit</i>
1.					
2.					
3.					

Coach's Signature: \_\_\_\_\_

Team Fundraising Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***Forms should be submitted to the SMHA Team Fundraising Chairperson, Steve Chaput at [stevechap@rogers.com](mailto:stevechap@rogers.com)***

***FUNDRAISING ACTIVITIES CANNOT COMMENCE UNTIL THEY HAVE BEEN APPROVED***