



LAKE SIMCOE SOCCER CLUB INC.

Appendix 2

TEAM FUNDRAISING REQUEST

Team: _____

Coach: _____ Telephone No. _____

Manager: _____ Telephone No. _____

Date of Event: _____ Time of Event: _____ AM/PM

Type of Event: _____

Description of Event: _____

If funds from the event are to be shared with other teams, please list the teams:

For Office Use Only:

Date Received by Club: _____

Date Reviewed by Executive: _____

Approved By: _____ ***Date Approved:*** _____

Was notification of the approval given to the team: ____ YES ____ NO

Method of notification: _____

Who was the notification given to: _____