



MTYS FUNDRAISER APPROVAL FORM

This form must be filled out and returned to the MTYS Board Member in charge of your league 2 weeks prior to the planned fundraiser. No fundraiser that requires a gambling license will be approved by the board.

Date: _____

Team Name: _____ Team Age Group: _____

Coaches Info

Name: _____

Email Address: _____

Telephone: _____ Cell Phone: _____

Person Responsible for Fundraiser Info

Name: _____

Email Address: _____

Telephone: _____ Cell Phone: _____

Fundraiser Info

Start Date: _____ End Date: _____

Fundraising Company: _____

Briefly Describe Fundraiser:

Purpose of Fundraiser: _____

Coach's Signature: _____ Date: _____

Club Use Only

Approval Status: _____ Approved _____ Denied _____

Reason for Denial: _____

Directors Name: _____

Directors Signature: _____

Date: _____