



## **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: \_\_\_\_\_