

**Cataraqui Clippers Soccer Club
Competitive Division
Application For Fundraising**

Completion of this application is required a **minimum of three (3) weeks** prior to the fundraiser date.

Recommended Requirements

- Active fundraiser (i.e., exchange goods and/or services for money)
- Adequate parental supervision
- Within the bounds of the law and good judgment

Team/Group: _____

Coach/Manager: _____

Date of Fundraiser: _____

Location : _____
(include maps if necessary)

Description of Fundraiser: _____

Expected Profit Amount: _____

Permits Required: Yes () No ()

Purpose of Fundraiser: _____

If for International Travel has Board Approval been received Yes () No ()

Is there Parental Supervision: Yes () No () If YES, what is the ratio of parents to players? _____
If NO, why? _____

Exchange of Goods and/or Services Yes () No () If Yes What? _____

If No Why? _____

Head Coach Name (Print)

Head Coach (Signature)

Date

The Director of Fundraising reserves the right to request modifications to the application before issuing final approval.
The Director of Fundraising reserves the right to refer the application to the Board of Directors for final approval

Request Accepted Yes () No () If No Why: _____
(Upon receiving approved permits) _____

Director of Fundraising (Print)

Director of Fundraising (Signature)

Date