

# TEAM FUNDRAISING PROPOSAL FORM

ASC Team(s) \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

## Team Manager / Event Coordinator

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Fundraising Event \_\_\_\_\_

Describe the fundraiser \_\_\_\_\_

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Are the funds raised to be earmarked? YES / NO

If yes, explain the specific budget items \_\_\_\_\_

Projected revenue \$ \_\_\_\_\_ Projected expenses \$ \_\_\_\_\_

Does this fundraiser involve gambling/bingo or a raffle? \_\_\_\_\_

Other relevant information

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