

Montgomery Township Schools Department of Athletics 1016 Route 601 ~ Skillman, NJ 08558 Phone 609-466-7602 x4 ~ Fax 609-466-7696



Fundraising Request Form

Date of Application:		Date Received:			
Dute of Applications		Dute Received			
Team Fundraising:					
8					
Dates & Times of Event:					
Location of Event:					
Description of Fundraiser:					
D 0E 1 1					
Purpose of Fundraiser:					
Contact Person:					
Contact 1 cigon.					
Work Phone:		Cell Phone:			
E-mail:		Home Phone:			
Estimated Attendance:					
Will you be requesting a fee to participate in this event? YES NO Amount \$					
All funds from this event must be deposited into the Booster Club Account within three days of the completion of each event.					
Head Coach	Date	Athletic Director	Date		
MIIC Administration (. 1	a maint 0- Ci		Dot -		
MHS Administration (please print & Sign)			Date		



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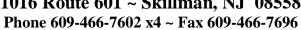
FUNDRAISING REPORT

To be completed by main booster club members only

Team:	Event Date:	
Gross Receipts		
Monies received (i.e. income from car wash, enti- bagging, concession stand)	ries, participation fees, apparel sales, ShopRite	
Cash donations (cash received without receiving s	something in return)	
	Total Gross Receipts	
Expenses		
Direct expenses (cost of apparel, information flyer	rs, prizes, etc.)	
Rental/Facility costs		
Food, beverages, paper goods		
Other expenses		
	Total Expenses	
If you held an event (silent auction, Chinese auction serve at event), please list the donated item(s) included additional donated items on the back.		
Donated	d Item	Value
	Total Value of donated items	



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This form must be completed at the end of each fundraising event and returned to the Athletic Office within 14 days of the completion of the event.

Donated Items:

Donated Item	Value
Total Value of donated items	