



DAKOTA ALLIANCE SOCCER CLUB

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www.dakotaalliancesoccer.com

Request for Team Level Fundraiser

Participating Team(s): _____

Team(s) Coach: _____

Main Contact: _____

Contact Email Address: _____

Contact Phone Number: _____

Type of Fundraiser: _____

Date of Fundraiser: _____ Location of Fundraiser: _____

Description of Fundraiser: _____

Will the Club Name be used during the Fundraiser? If yes, how: _____

Signature of Fundraiser Contact: _____

Request Date: _____

FOR OFFICE USE ONLY

Approved: _____ Date: _____

Approved By: _____