

KICKS Fundraising Event Request Form

Fundraising Event Title: _____

Individual _____
(Skater's name)

This is a(n) Team _____ event.
(Team name)

All teams

This event will start at: _____, ____/____/____. Duration: _____
(Time) (mm/dd/yyyy)

Location of the event: _____, _____
(Street) (City)

Recommended Parent Lead* : _____
(Name)

*The Parent Lead is responsible for:

1. coordination of the Event.
2. ensuring that the participants' conduct is in accordance with KICKS & GGBFSC standards.
3. consolidating the funds that are raised and presenting a single check to the Treasurer.
4. conducting the event in accordance with the Fundraising policy as described in the KICKS Handbook.

I (Parent Lead) have reviewed the [Fundraising](#) Policy. _____
(Initial)

Has (have) the Team Manager(s) been notified? Yes No

Has (have) the Assistant Coach(es) been notified? Yes No

Additional information or details regarding the event:

Comments for Advisory Committee:

Approval

This event is: approved. not approved. in consideration.

_____/____/____ _____/____/____ _____/____/____
(signature) (mm/dd/yyyy) (signature) (mm/dd/yyyy)