



P.O. Box 2936
Vacaville, CA 95696

www.vacavalleyfsc.org

Request to Conduct Fundraiser

Please clearly print all entries except where signature is requested.

Club Member Name: _____ Date: _____

Name of Legal Guardian (for those under 18 years): _____

Description of Fund Raiser: _____

Start Date: _____

End Date: _____

Event Coordinator: _____ Phone: _____

Proposed Net Funds Distribution:
(Check only one box.)

- Participating Members Individual Skater's Fund Account*
- Competitor Support Fund**
- Synchronized Team Account
- Club General Fund (used for any club expenses)

* Choosing this option requires that a list of participating member's with the required financial/distribution report. Funds cannot be deposited into individual skater fund accounts without this information. Each recipient must have a completed Skater's Fund Policy form on file.

** Choosing this option, the net funds raised from this activity will be designated for the Competitor Support Fund which is distributed to all qualifying members per the current Competitor Support Fund Policy.

Signature of Member or Legal Guardian if member is under 18: _____

Additional event information may be included on the reverse of this sheet. Submit completed form via Club box or to any Board officer. Any questions, please contact the Club President via e-mail: president@vacavalleyfsc.org

A financial/distribution report must be turned in to the Club President within thirty (30) days of the completion of the event.

Approved - Conditions (if any): _____

Denied – Basis for Denial: _____

VVFSC President Signature: _____ Date: _____