



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: Participating Members Individual Skater's Fund Account*
(Check only one box.) Competitor Support Fund**
 Club General Fund (used for any club expenses)

* Choosing this option requires that a list of participating member's names and Social Security numbers must be provided with the required financial/distribution report. Funds cannot be deposited into individual skater fund accounts without this information.

** 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. Any questions, please contact, BOD Liaison, Sandy Erle by phone at 707-448-6487 or by e-mail at Serlevvca@aol.com.

A financial/distribution report must be turned in to the BOD Liaison within thirty (30) days of the completion of the event. Any exceptions must be referred to the BOD Liaison for approval.

Approved - Conditions (if any): _____

Denied - Basis for Denial: _____

VVFC BOD Liaison Signature: _____ Date: _____