



FC BOULDER

S O C C E R F O R L I F E

1510 28th Street, Suite 100
Boulder, CO 80303
303-443-8877

FUNDRAISING APPROVAL REQUEST FORM

Team Name: _____

Requestor: _____
Name _____ E-mail _____
Phone Number _____ Other authorized Team Representative _____

Financial Goal: \$ _____

FUNDRAISING EVENT OR ACTIVITY

Event Name: _____

Event Location: _____

Event Date(s): _____ Event Time(s): _____

Description and Purpose of Event (include the price of ticket sales/raffles, etc.): _____

I certify this information is true and accurate and will notify FC Boulder of any changes. Our team will work with the Club's designated personnel to ensure all rules are followed and required reports are completed.

Signature of Requestor _____ *Date* _____

OFFICE USE ONLY

Approved _____ FC Boulder Representative _____ Date _____

Denied _____ Full or Partial Authorization, Comments _____

Amount Raised (to be reported post-event) \$ _____ Reports submitted/completed _____
