



Valley Soccer Club Travel Team Fundraising Request Form

Complete and return to Brandi Swayze, VSC Auxiliary Chairperson, for BOD approval.

- All fundraising requests must be approved **BEFORE** fundraising is initiated.
- Please include a date(s) of fundraising. Include start and end date.
- Approval(s) will be emailed to the requesting party.
- You can view approved team fundraisers in the Auxiliary/Fundraising section of the VSC website.

FUNDRAISING TEAM: _____

Age Group: _____

Coach: _____

Please describe the fundraising activity: _____

Date(s) of fundraiser: START _____/_____/_____ END _____/_____/_____

Fundraiser location(s): _____

Fundraising funds usage: _____

RETAIN BELOW PORTION

**PLEASE SUBMIT THIS PORTION TO VSC TREASURER WITH
DEPOSIT UPON FUNDRAISER COMPLETION**

Team Name/Age _____

Fundraiser Date _____

Total Revenue \$ _____ Total Costs \$ _____ Total Deposit \$ _____

Head Coach Signature _____

Team Manager Signature _____