Southcoast Panthers Team Fundraising Application Form

Age Group:		Tournament Date:	
Division:		Head Coach:	
Tournament:		Team Rep.:	

Date of Application Submitted:	
Date of SCPYHA Board Approval to Begin Team Fundraising:	
Last Day of Team Fundraising:	

Specific Reason for Team Fundraising Request:

Players to Participate in Fundraising AND Receiving Proceeds for Expenses

Player Name	Jersey #	Participating (Place an X in Box)	Not Participating (Place an X in Box)	Memo/Description

Application Approved:

Application Denied:

Reason For Denial:

Head Coach/Team Representative Signature:_____ Date:_____

Finance Director/President Signature:_____ Date:_____

Southcoast Panthers Team Fundraising Donation Form

Age Group:		Tournament Date:	
Division:		Head Coach:	
Tournament:		Team Rep.:	

Date of SCPYHA Board Approval to Begin Team Fundraising:

Funds Raised

Date Received	Contributor	Donation Method (Check/Cash/Other)	Donation Amount	Date Rec'd by Finance Director

FUNDS RAISED:

Head Coach/Team Representative Signature:_____ Date:_____

Finance Director/President Signature:_____ Date:_____

Southcoast Panthers Team Fundraising Expense Form

Age Group:		Tournament Date:	
Division:		Head Coach:	
Tournament:		Team Rep.:	

Date of SCPYHA Board Approval to Begin Team Fundraising:

Payments/Distributions for Team Expenses

Date Paid	Vendor	Payment Method (Check/Cash/Credit Card)	Payment Amount	Memo/Expense Description

FUNDS PAID:

Head Coach/Team Representative Signature:_____ Date:_____

Finance Director/President Signature:_____ Date:_____