

West Clermont Jr Wolves Youth Football and Cheer Fundraiser Form

Select one: Football Cheer Team _____ Head Coach _____

Proposed Fundraiser _____

Vendor Name & Address (if applicable) _____

Start Date: _____ End Date: _____

Purpose of Fundraiser: _____

Projected Profit: _____ Projected Expenses: \$ _____

Requested by: _____ Phone/Email: _____

Approved by: _____ Date: _____

Extensions

New End Date: _____ Approved by: _____

New End Date: _____ Approved by: _____

Actual Sale

Actual Amount Collected: \$ _____ Actual Expenses: \$ _____

Actual Profit: \$ _____

Date & Amount Deposited: _____ Date & Amount Deposited: _____

Date & Amount Deposited: _____ Date & Amount Deposited: _____

Date Completed _____

Fundraiser Coordinator's Signature: _____

President's Signature: _____ Date: _____