

PRINCE GEORGE YOUTH SOCCER ASSOCIATION
FUNDRAISING APPLICATION FORM



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THIS FORM MUST BE COMPLETED AND APPROVED BY THE PGYSA OFFICE **PRIOR TO STARTING THE FUNDRAISER**

TEAM NAME

AGE GROUP

GENDER

PARENT IN CHARGE OF FUNDRAISER (Please print name)

PHONE #

MANAGER (Please print name)

PHONE #

DESCRIBE THE FUNDRAISER

WHAT ARE THE DATES OF THE FUNDRAISER?

WHAT WILL THE PROCEEDS BE USED FOR?

IS A GAMING LICENCE REQUIRED FOR THIS FUNDRAISER?

WHAT NAME IS ON THE GAMING LICENCE?

OFFICE USE ONLY

The above Team has met the guideline of fundraising and has permission by PGYSA to proceed

Office Staff Name (Please Print)

Signature

Date