



Fundraiser Request Form

This form must be completed and submitted to the P4A Executive Board members for review and voting at a regular monthly meeting.

Describe the type of fundraiser proposed: _____

Who is the person in charge/contact person

Name: _____

Phone: _____

Email: _____

Who is expected to participate in this fundraiser: _____

When will the fundraiser be held: _____

Where will the fundraiser be held: _____

What group will be the recipient of monies made on this fundraiser:

Why is this fundraiser being proposed: (please explain in detail why this fundraiser is necessary) _____

What support (if any) is being asked of P4A (i.e.: cash box, insurance certificate, etc.)
