



Twinsburg Athletic Boosters Fundraiser Request Form



Sport: _____

Head Coach/Supervising adult and contact information:

Name

Email

Phone

Basic information (what, when, where, who is involved):

What is required from TAB (use of TIN, volunteers, social media)

How much money do you anticipate raising? _____

Per Sec. 11 of TAB bylaws, all funds must be turned in within one week of the closure of fundraiser. What date will funds be turned in to TAB? _____ (date)

Has your fundraiser idea been approved by the Athletic Department? Yes No

Coach/Parent Rep Signature _____ Date _____

Athletic Director's signature _____ Date _____

TAB Officer Signature _____ Date _____

Amount turned into TAB \$ _____ Date _____

TAB Treasurer Signature _____ Date _____