



MILFORD HIGH SCHOOL BOOSTERS CLUB, INC.

2009 - 2010 TEAM FUNDRAISING EVENT FORM

Date of Request: _____ Team Making Request: _____

Contact Person: (please include email address)

Describe the proposed fundraiser in detail: (please provide as much information as possible)

Funds to be used for/account to deposit proceeds:

Date of fundraiser: _____

Location of fundraiser: _____

Any special approval's needed? _____

Athletic Director's Opinion:

Approve: Yes No Defer to another time

Signature: _____ Date: _____

Committee response:

Approve: Yes No Defer to another time

Signature: _____ Date: _____