



BISHOP FENWICK

Athletic Team Boosters Fundraiser Approval Form

Team Booster (TB) Leader: _____

TB Email Address: _____

Sport/Team: _____

Head Coach: _____

Date/Time of Fundraiser: _____

Description of Fundraiser: _____

Note:

- All funds raised must be sent directly to Fenwick's Office of Institutional Advancement to be deposited into the team's Boosters account. Parents should not keep separate, personal accounts for any of these funds.
- Once the funds have been raised to cover the \$75 per player allocation (\$100 for Seniors), all remaining funds will be allocated to the Locker Room Campaign. Updates regarding the Locker Room Campaign will be shared regularly.
- Regarding all Booster purchases for items related to Senior Night and the end-of-season Team Banquet, please use Fenwick's tax exempt ID, which may be obtained through the Office of Institutional Advancement.

Approval Signatures:

1.) _____
(Head Coach Signature) (Date)

2.) _____
(Team Booster Leader Signature) (Date)

3.) _____
(Director of Institutional Advancement Signature) (Date)

Once the approval signatures for the above are complete, the Director of Institutional Advancement will notify the Team Booster Leader.