



North Kitsap High School Athletic Boosters Club Fundraiser



*All fundraisers must get approval from the NKHS Athletic Director (ATran@nkschools.org) prior to submission to the NK Athletic Boosters Club. (nkathleticboosters@yahoo.com)

Please print clearly

Team: _____ Coach: _____

Parent Coordinator (if applicable): _____

Proposed Activity (Describe what the fundraiser is about; including estimated expenses and revenues, amount of money to be collected, etc.):

When (Provide start dates and end dates of the fundraiser): _____

How (What method are the funds being collected and deposited, items being inventoried and stored, fundraising marketing plans, etc.): _____

Why (Describe the intended use of the proceeds from the fundraiser): _____

Who: (Include who the team will contact for funds and how they will get the contact information. Only one fundraiser per season can rely on the students' personal networks, all others must target the community): _____

Coach MUST have final approval from NK Athletic Boosters before fundraiser starts. NKAB will contact point person listed above (please provide contact information):

Athletic Director Approval Signature: _____ Date: _____

Check box if partner team was notified (not applicable if team is not gender-specific.)