

# Clinton Comets Youth Hockey Association, Inc.

## Fundraising approval Request

Today's date: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Team: \_\_\_\_\_

Requestor: \_\_\_\_\_

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Type of event/brief description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Estimated dollar amount of fundraising \_\_\_\_\_

Location of event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**It is the responsibility of the requesting team to supply CYHA Treasurer a detailed income statement of fundraising event so the organization can comply with both the State and Federal "not for profit" guidelines.**

**CYHA will require 10% of the fundraising profit to be distributed back to the organizations general fund.**

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Approved \_\_\_\_\_ Declined \_\_\_\_\_

If declined reason why:

\_\_\_\_\_  
\_\_\_\_\_