SHAHA

Fundraising and Logo Use Approval Form

| Date of Activity: | Please check all that apply: |
|---|---|
| | SHAHA Fundraising |
| Manager Name: | SHAHA Logo Use |
| | |
| Email: | Head Coach Name: |
| | |
| Cell Phone: | Level: |
| | |
| | |
| FUNDRAISING: Please describe team's fundraising request in 7-10 sentences. Be sure to include the following: detailed description of fundraiser, name of vendor/affliation, time period of fundraising and financial details including price, estimated amount of money raised and collection of funds. | |
| | |
| | |
| | |
| | ing the SHAHA logo below in detail including the following: |
| Name of Vendor/Affliation: | Financial Details (price, royalties and royaltie use: |
| Time period of fundraising: | |
| | |
| Marketing plan: | Payment collection method and delivery plan: |
| | |
| | |
| Today's Date: | Electronic Signature: |
| | |
| | |
| | |
| Requests will be processed within 10 business days. Please email request to fundraising@shaha.org | |