



# CAPITAL GYMNASTICS GIRLS' BOOSTER CLUB FUNDRAISER APPLICATION FORM (FAF)

## **Fundraiser Information:**

Name of Fundraiser: \_\_\_\_\_

Type of Fundraiser (select one):

Catalog

Non-catalog (ornaments, water bottles, etc)

Cash for Service (car wash, BBQ, etc)

Other: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Product Delivery Date: \_\_\_\_\_ Profit Percentage: \_\_\_\_\_

Anticipated Expenses (list amounts):

Shipping: \_\_\_\_\_

Catalogs: \_\_\_\_\_

Other (list type and amount): \_\_\_\_\_

## **Company Contact Information:**

Company Name: \_\_\_\_\_

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

Company Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **Chair Contact Information:**

Name of Chair: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Assistant Chair: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return this completed application to the VP-FR folder in the top drawer of the CGGBC file cabinet.