

RHA TEAM FUNDRAISING APPROVAL FORM*



Team: _____

Contact (Name and Number)** _____

Description of fundraiser: _____

Date(s) of fundraiser: _____

Location: _____

Purpose of fundraiser (include monetary amount you are hoping to raise): _____

How will this fundraiser will benefit the team? _____

*Please submit approval form 14 days before the start of fundraiser to the fundraising committee chairperson:
Ronda Simmons arch1721@hotmail.com Approval will be subject to adherence to the RHA team fundraising policy
and approval or denial will be communicated within 7 days.

Contact will be responsible for **ALL MONIES associated with fundraiser.

____ Approved ____ Denied

By signing, our team understands the guidelines put forth in the RHA team fundraising policy and will adhere to the policy with the understanding that non-compliance will result in forfeiture of all funds raised and future fundraisers by the team may not be approved.

Team Fundraiser Contact

Fundraiser Committee Chair

Date