



Travel Team Fundraiser Application

Team Name:	
Requestor's Name:	
Fundraiser Type:	
Estimated Goal (\$)	

Provide a brief description of the fundraisers events and parents contributions.

Provide a brief summary of what the money raised will be intended for.

Upon receiving this form the SFYAL Board of directors will review and approve or deny within one week.

Thank you,

SFYAL Board of Directors