

# Edgemere-Sparrows Point Recreation Council

## FUND-RAISING REQUEST

Date Submitted \_\_\_\_\_

Recreation Program \_\_\_\_\_

Program Chairperson and Phone Number \_\_\_\_\_

Beginning Date of Fund-Raiser \_\_\_\_\_ Ending Date \_\_\_\_\_

Fund-Raiser \_\_\_\_\_ Item to be Sold \_\_\_\_\_

Profits will be used for \_\_\_\_\_

Chairperson Comments \_\_\_\_\_

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

Approved or Denied \_\_\_\_\_

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

Fund-Raising Chairperson Signature \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

FY Balance	Program Participants	Dungeons/Adult Participation	Program Percentage	Council Percentage

Based on prior Fiscal Year according to ESP By-Laws

A copy of the Fund-Raising By-Laws will be accessible. If you have any questions, please call the above Fund-Raising Board Member.

Fund-Raising request should be submitted 30 days in advance.