



FUNDRAISING APPROVAL FORM

TEAM NAME:	
MANAGER NAME:	
SUBMISSION DATE:	DD / MM / YY

REASON FOR FUNDRAISING ACTIVITY - E.G. END OF SEASON TRIP OR KIT	
FUNDRAISING ACTIVITY – E.G. RACE NIGHT OR SPONSORED RUN	
DESCRIPTION/ADDITIONAL DETAILS ABOUT THE EVENT	
DATE OF ACTIVITY	LEADER OF ACTIVITY
DD / MM / YY	

Please note that all fundraising under the name of "Tondou United Football Club" will be used to directly benefit the members/players and they alone.

BELOW TO BE COMPLETED BY MANAGEMENT COMMITTEE ONLY

APPROVED BY	DATE OF APPROVAL
	DD / MM / YY
SIGNED ON BEHALF OF TONDU UNITED FC MANAGEMENT COMMITTEE	

PAID IN ON	DD / MM / YY	AMOUNT PAID IN
PAID IN TO		£
PAID IN BY		