

PARKVILLE RECREATION COUNCIL, INC.
FUNDRAISING PROPOSAL FORM

COUNCIL ACTIVITY: _____

CONTACT PERSON: _____ CONTACT PHONE: _____

CONTACT EMAIL: _____

DATE AND TIME OF FUNDRAISER:

LOCATION OF FUNDRAISER:

NAME OF ORGANIZATION YOU ARE WORKING WITH TO DO FUNDRAISER (IF ANY):

DESCRIPTION OF FUNDRAISER: (Use the back of the form if necessary)

FINANCES

HOW WILL YOUR PROGRAM BE PAID: (CHECK, CASH OR CREDIT CARD)

PAYMENT WILL BE MADE TO PROGRAM BY: (DATE)

WHAT ARE THE PROJECTED EXPENSES (DESCRIBE & AMOUNT):

HOW MUCH DOES THE PROGRAM PLAN TO PROFIT:

ARE ANY VOLUNTEERS BEING PAID AND WHAT RATE:

HOW IS THE MONEY BEING COLLECTED BY VOLUNTEERS HANDLED:

SUBMITTED BY: _____ DATE: _____

**This form must be submitted 45 days before the date of your fundraiser for approval.

APPROVED OR DENIED BY PRC EXECUTIVE BOARD MEMBER: _____

TITLE: _____ DATE: _____

COMMENTS