



BHS Athletic Boosters
Association
“Friends of” Team
Fundraising Request
2021-2022

Date Submitted	
Team Name	
Friends of Chairperson submitting request/ Contact information	
Alternate Chairperson Name/ Contact information	
Event Name/Summary	
Event Location	
Date of Event	
Time of Event	
Est. # of people attending (if applicable)	
Will you be preparing/selling hot food? Please specify	
Will student athletes be participating?	
Request to promote on social media? Please attach flyer if available	
Any other relevant information	

Date Approved: _____ Insurance required: _____