



BDMHA - FUNDRAISING AUTHORIZATION FORM

Staff member making application:

Name: _____

Email: _____ Phone #: _____

Application Date: _____

Division: _____ LL: _____ REP: _____

Coaches Name: _____

Type of Fundraiser: _____

When: _____

Where: _____

Details: _____

Does it require licensing? Yes _____ No _____

Expected Fundraising Amount: _____ Actual Funds Raised: _____

Applicant's Signature: _____

BDMHA Authorization: _____

Date of Authorization: _____