



Fundraiser Request Form

Sport/Team: _____

Team Sponsor: _____
Name Email Phone

Date of Fundraiser: _____

Basic Information: Who, What, When, Where

What is required/requested of KAB:

Anticipated Revenue: \$ _____

Anticipated Expenses: \$ _____

Has this been submitted to the Athletic Department? Yes No

Coach's Signature: _____

Per KAB Bylaws, all funds must be turned in within one week of the closure of a fundraiser.

Please use KAB Deposit Form to remit funds.