



WMHA Fundraising Request Form

Date: _____

Team: _____ Division: _____

Team Contact / Position: _____

Phone: _____ Email: _____

Fundraising Activity: _____

Duration of Activity: (start and end dates) _____

Provide further details if required: _____

Estimated amount of monies to be raised: _____

Funds to be used for: _____

Team Disclaimer:

I _____ acknowledge that I have read and understood the terms enclosed in the WMHA Fundraising and Sponsorship Policy. I agree to abide by the WMHA Fundraising and Sponsorship Policy. I understand that my failure, or my teams failure to abide the rules set out in the WMHA Fundraising and Sponsorship Policy may result in disciplinary action and/or suspension from WMHA activities. I agree that no Fundraising Activities will be commenced without approval of this request. I agree to provide full details of funds raised and expenditures of funds (including receipts) at any time as requested by the WMHA Executive.

Print Name: _____ Signature: _____