York Suburban
All-Sports Booster Club

FUNDRAISER CONTRACT

Date of tournament: _____

Start time: _____

Sport hosting event: _____

Contact information of YSASBC representative (email & phone #)

_____

Contact information of Coach (email & phone #)

_____

Expected number of teams for event: _____

Entry fee: $ _____

Expected referee fees: $ _____

Expected custodial fees: $_____

Expected equipment rental fee: $ _____

Other expenses: $ _____

*All bills must be paid by the team; York Suburban All Sports Booster Club will NOT cover the cost.
*All monies earned from event will be deposited by the team into their York Suburban All Sports Booster Club allocation account. Please use the fundraising deposit form. All checks should be made out to York Suburban All Sports Booster Club. (YSASBC)
*Please you allocation request form for all invoices that will need to be paid or reimbursed.
*Any net loss from event will be deducted from team's allocation account.
*attach copy of entry form or event flyer

_____	_____	_____	_____
Coach	Date	YSASBC President	Date
_____	_____	_____	_____
YSASBC Rep	Date	YSASBC Treasurer	Date
_____	_____		
YS Athletic Director	Date		