

CHARITY NIGHT CONTRACT

| Date of Event: | | | |
|---|------|------------------|------|
| Sport hosting Event: | | | |
| Contact information of YSASBC representative: (email & phone #) | | | |
| Contact information of Coach: (email & phone #) | | | |
| Other Expenses: \$ | | | |
| *Teams may keep the cost of expenses plus 25%. The charity will receive 75% of the event profit. *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 a copy of entry form or event flyer. | | | |
| Coach | Date | YSASBC President | Date |
| YSASBC Rep | Date | YSASBC Treasurer | Date |
| YS Athletic Director | Date | | |