**York Suburban All-Sports Booster Club**

**CHARITY NIGHT CONTRACT** (7/24)



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| Name & Date of Event  |  |
| Team Hosting Event |  |
| Team Rep *(name, email & phone#)* |  |
| Coach *(name, email & phone#)* |  |

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| --- | --- |
| Charity Name |  |
| Charity Address |  |
| Percentage of Event net proceeds to be donated *(minimum 30%)*  |  |
| Sources of Revenue *(i.e. Admission, T-Shirt sales, Concession sales, etc.)* |  |
| Sources of Expenses *(i.e. T-shirt cost, Concession inventory, etc.)* |  |
| Start-up Cash Required? Please provide amount, denominations requested, dated needed, and drop off plans. |  |

***NOTES:***

1. Contract MUST be submitted and approved no later than two (2) weeks prior to the event.
2. All monies collected from the Event shall be submitted to the YSASBC for deposit and will be added to the appropriate team account. Please use the Fundraising Deposit Form. *Checks should be made payable to the York Suburban All-Sports Booster Club*.
3. All expenses related to the Event shall be submitted to the YSASBC for payment and will be deducted from the appropriate team account. Please use the Team Allocation Request Form.
4. It is expected that the donation to the Charity named above will be paid via a check from YSASBC. If other arrangements are planned, this plan MUST be identified and discussed with the YSASBC President for approval. Please document the plan on the back side of this form.
5. Raffle Baskets and 50/50 drawings are NOT allowed during the Event.

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| Coach |  | Date: |
| YSASBC Team Rep |  | Date: |
| YS Athletic Director |  | Date: |
| YSASBC President |  | Date: |
| YSASBC Treasurer |  | Date: |