

**FUND RAISING
PRE-EVENT FORM**

1. Region/Club: _____
2. Name or Designation of Event/Activity: _____
3. Starting Date: _____ Completion Date: _____
4. Complete Description of Fundraising Event/Activity: _____

(include appropriate description, contract, agreement, promotional material, etc.)

5. Target group or audience: _____
6. Financial Projections

Projected Revenue

Sponsorships	_____
Ticket Sales	_____
Donations	_____
Merchandise Sales	_____
Pledges	_____
Other	_____

TOTAL	_____

Projected Expenses

Site Costs	_____
Materials	_____
Promotion	_____
Public Relations	_____
Coat of Goods	_____
Other	_____

TOTAL	_____
Projected Net Income	=====

1. Describe how project will be accounted for _____

2. Will the Special Olympics name and/or logo be used? _____
If so, how? _____

(Attach a copy of any announcement, promotional material, TV spots, radio spots, display material, etc., showing how the Special Olympics name and/or logo will be used.)

3. Does the project conform to the laws and regulations of your town or region?

4. The funds to be raised are targeted for: Region _____ Club _____
Region/Club Name _____
Contact Name: _____
Day Phone: _____
Fax Number: _____
Email: _____

NOTE: It is agreed that all funds raised from the above project, will be accounted for and deposited into the regional Special Olympics bank account.

Submitted by _____ Approved by _____

Club _____ Telephone _____