



APPLICATION FOR FUNDRAISING ACTIVITY

Under the policy guidelines of the **EASTERN MAVERICKS DISTRICT BASKETBALL CLUB** you are required to **SEEK APPROVAL** for all fundraising activities.

Details of the Team making application:

Team:
Name:
Position:
Mobile:
Email:

Fundraising Activity:

Reason:

Date of Commencement:

Description of activity:

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I hereby certify the information I have provided is true and accurate at the time of signing

Print Name

Signature

Date/...../.....

EMDBC Committee