



CJHHA FUNDRAISING APPLICATION

By checking this box I acknowledge that I agree to the CJHHA fundraising policy, principles, and procedures

Event Name * []

Description *

2-3 sentence description of the fundraiser / planned activity

Requestor Name *

[] First

[] Last

Requestor Email Address: _____ *

Requestor Telephone Number: _____ *

CJHHA Group or Team: _____ *

The leader identified here will be responsible for all coordination with staff on this event.

What tournament or expense will be supported by this event? *

How will event proceeds be used? *

When will the event take place (dates and times)? *

Other comments *

Please include planned services providers, 3rd party cost, etc...