



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 _____

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....

Please submit your application to Stephanie Tomko at stephtomko@gmail.com.