



Flathead Soccer Club

Request for Fundraiser Approval

Team: _____

Coach: _____

Administrator: _____

Fundraiser Dates: _____

Fundraiser Location:

Fundraiser Description:

Attach addition information if applicable (Catalogue, Brochures, Fliers, etc.)

Fill out and mail or deliver all information to the FSC office at least 2 weeks prior to the desired fundraiser start date for Club approval.

Mail or Deliver to:

Flathead Soccer Club
Fundraiser Requests
50 2nd St. E., Suite 125
Kalispell, MT 59901

Approval date: _____

Approved by: _____
