

CRC Fundraising Request Form

(This request is due 30 days before the start of the event)

Name of Chapter: _____

Project Chair Person: _____
Phone # _____

Project Treasurer: _____
Phone # _____

CRC Representative: _____
Phone # _____

Center Managers Signature: _____
Phone # _____

Name of Event: _____

Event Date: _____

Description of Event:

Location of Event:

Projected Expenses for Event (list all costs for conducting the event)

Quantity	Item	x	Cost(\$)	=	Expenses
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Do you need help from the CRPD? (special equipment, permits, etc.)

CRPD Recommendations:

CRC Fundraising Committee Recommendations:

Approved by CRPD Liaison: _____

Date: _____

Approved by CRC Executive Board: _____

Date: _____