



Fundraising Form

Is this a DISTRICT Fundraiser or a TEAM Fundraiser? DISTRICT TEAM

District _____ Team _____

Who is the contact person for this event? _____

Email _____ Phone _____

Is your money kept with the school or do you have your own account utilizing the OHSET Tax Identification Number?

SCHOOL OWN w/OHSET T.I.N.

What is the date or date range for your fundraising/event _____

Describe your Fundraising Event or what you are planning to do to raise funds: _____

How do you plan to spend the funds your raise? _____

What is your goal? \$ _____

___ I understand all of the dollars raised must benefit the entire team/district AND that money may NOT be allocated to specific athletes based on whether they participate(d) in the associated fundraiser.

___ I understand all raffles must receive State Chair/Vice Chair approval and are governed by the Department of Justice and must be handled in exact accordance with state Raffle rules.

___ I understand my fundraiser may incur additional insurance expenses which will be passed on to my district/team (Usually between \$25-\$75, depending on the event).

Signature of responsible party

Date Submitted

Submit completed form to: djohn@ohset.com or Mail to: OHSET, c/o 1929 NE Walnut Dr., Redmond, OR 97756

