



VISTA POP WARNER  
Fundraiser Request Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM/SQUAD: \_\_\_\_\_

EVENT: \_\_\_\_\_

| DATE | DESCRIPTION | Cost | Charge | PROFIT |
|------|-------------|------|--------|--------|
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |
|      |             |      |        |        |

1. Fill in Completely.  
Include your name (Person to write check to), date, Team/Squad, event and Amount (per receipt)
2. Receipts must be attached to this form in order to get reimbursed.
3. Turn into the Treasurer for reimbursement. Box in Snack Bar.

Contact Information: [Treasurer@vistapopwarner.com](mailto:Treasurer@vistapopwarner.com)

Board Member Approval: \_\_\_\_\_

CHECK AMOUNT \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ DATE: \_\_\_\_\_