



## RRHC – Fundraiser Event Request Form

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Role: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Team: \_\_\_\_\_

Event Description (What, when, and how): \_\_\_\_\_

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**(attach extra page if necessary)**

*\*\*All fundraised monies will be distributed equally amongst all team players regardless of individual participation levels\*\**

*\*\*10% of all monies raised will go to RRHC General Fund\*\**

Requestee Signature

Date

Hockey Director Signature

Date

Fundraiser Chair Signature

Date

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CEDAR RAPIDS, IA 52404