



Pickering Soccer Club
 1735 Bayly St. Unit 14
 Pickering ON LIW 3G7
 Tel: 905-831-9803
 Fax: 905-831-8968
www.pickeringsoccer.ca

Pickering Soccer Club Fundraising Event Authorization Form

Date of Proposal:	
Team Name:	
Age Group:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Coach's Name:	
Name of Individual Responsible:	
Address:	
Home Phone:	Cell Phone:
Email:	
Event Name:	
Event Date:	
Event Location:	
Briefly describe the Event:	
Briefly describe how funds will be raised:	
How many people do you expect to attend?	
<p>Please document carefully the measures that will be taken to ensure the safety of the participants? <i>Example: a ratio of adult supervisors/chaperones, security measures, cleanliness/anti-contamination techniques for events that involve food handling...</i></p>	



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PROPOSED BUDGET: All costs to come out of event proceeds or to be paid by the organizing team.

Please list all anticipated event expenses, indicating if you expect any to be donated.

REVENUE	
Sponsorship:	
Registration Fees:	
Ticket Sales:	
Donations:	
Other: <i>(Silent Auction, raffles, etc.)</i>	
TOTAL REVENUE:	
EXPENSES	
Venue:	
Food/Beverage:	
Printing:	
Security:	
Advertising:	
Licensing Fees:	
Prizes:	
Other:	
TOTAL EXPENSES:	
TOTAL PROFIT:	



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Does your event require a gaming license?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the planning group understand that the PSC Board, prior to being printed, released, etc., must approve all publicity for the proposed event?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you need a Representative (based on availability to assist or speak at your event)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
The Pickering Soccer Club would be happy to provide a limited number of promotional materials for your event. Materials will be sent to you following the approval of your event. Please note the quantities you require:	Posters: <input type="checkbox"/> Donation Boxes: <input type="checkbox"/> Listing on the PSC website: <input type="checkbox"/>
Are the funds raised designated to a particular team or tournament?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, where:	
Have you completed the required OSA insurance form?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
I have verified that the above information is correct:	
<p>Please submit this form to the club via email to admin-comp@pickeringsoccer.ca or via fax to 905-831-8968. Thank You!</p> <p>Acknowledgement of receipt of the application will be forwarded to you as soon as possible.</p>	