Southside Little Miss Kickball	-	pus Ch	P.O. Box 6212 risti, Texas 78466-6212	
FUND-RAISING REPORT FOR	M			
Division: PW JR SR TA Team:	Da	Date of Request:		
Head Coach: Assistant Coach:				
Purpose(s) for fund-raising activities:				
League President APPROVAL:	Date:			
League President APPROVAL:				
FUND-RAISING ACTIVITY		DATE(S) EVENT HELD		
	-			
	_			
DONATIONS/CONTRIBUTIONS OVER \$25.00 FROM: (Attach additional page if more space is needed.)	-	\$	AMOUNT	
	-			
	_	\$		
	_	\$		
TOTAL AMOUNT COLLECTED FROM ALL ACTIVITIES:	\$			
TOTAL EXPENSES/EXPENDITURES:		•		
(Attach RECEIPTS for ALL expenses)		\$		
SURPLUS FUNDS (\$ COLLECTED - \$ EXPENDED:	\$	_		
HOW IS THE SURPLUS TO BE DISPERSED?				
	_	\$		
	_	\$		
		ived:		
Head Coach:				
Form Preparer:				
(sig nature)				
			(SSLMK 12/09)	