



# Apollo Gymnastics Parent Association Fundraiser Application Form

## **Fundraiser Details**

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Name of Fundraiser: \_\_\_\_\_

Cost Group: \_\_\_\_\_

Type of Fundraiser:

\_\_\_\_ Non-catalog (ornaments, water bottles, etc)

\_\_\_\_ Catalog

\_\_\_\_ Cash For Service (car wash, concessions, etc)

\_\_\_\_ Other: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Product Delivery Date: \_\_\_\_\_

Profit Percentage/Profit per item: \_\_\_\_\_

Anticipated Expenses:

Shipping: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ *(please explain)*

Will AGPA need to provide a check? Yes/No

If yes, who does the check need to be delivered to \_\_\_\_\_  
by what date: \_\_\_\_\_

Does the fundraiser require the use of Apollo facilities? Yes/No

If yes, has it been approved by Apollo Ownership? Yes/No

## **Fundraiser Contact Information**

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **Company Contact Information**

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

Company Address: \_\_\_\_\_

Website: \_\_\_\_\_

Company Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Any questions please email AGPAfundraisingchair@gmail.com*