



SKY HIGH SPORTS CHARLOTTE

SPIRIT DAY FUNDRAISER APPLICATION

ORGANIZATION

ADDRESS

CONTACT NAME

PHONE

EMAIL

TAX EXEMPT ID

FUNDRAISER DATE REQUEST

Please circle the day of week and write the date of your desired fundraiser.

						m m	d d	y y y y
DATE CHOICE #1	M	Tu	W	Th	F	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE CHOICE #2	M	Tu	W	Th	F	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE CHOICE #3	M	Tu	W	Th	F	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Completed Application To: CLTinfo@SkyHighSports.com