

EVENT APPLICATION FORM

Please fill in all fields as completely as possible.

Host School: _____

Other Participating School(s): _____

Event Date and Time: _____

Coach's Name: _____

Coach's Phone # _____

Coach's email _____

Fundraising Coordinator(s) Contact Information:

Name(s)

Email(s)

Phone Number(s)

Event Details:

Please check all items that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> HOF Inductee | <input type="checkbox"/> Parent/Booster Involvement | <input type="checkbox"/> Raffles |
| <input type="checkbox"/> Sell T-shirts | <input type="checkbox"/> Corporate Partnership | <input type="checkbox"/> 50/50 |
| <input type="checkbox"/> Inning sponsors | <input type="checkbox"/> Concessions/Meal fundraiser | <input type="checkbox"/> Other (list below) |
-

Would you like a representative from PHAALS to attend your event?

- Yes No

- Fundraising Goal**
- < \$500
 - \$500 - \$1,500
 - \$1,500 - \$3,000
 - >\$3,000

For more information, please contact:

PHAALS Foundation
155 Champion Drive
Fort Jennings, OH 45844

www.phaals.org