



FUNDRAISING APPLICATION FOR COUNTIES AND AREAS

This form must be completed by all county programs before any fundraising. All fundraising projects must be cleared in writing with SOWV two weeks prior to the event.

COUNTY OR AREA: _____ SOLICITATION DATES: _____

PROJECT: _____

TARGET GROUPS: _____

TARGET DOLLARS: _____

% of funds raised to go to Special Olympics: _____

% of funds raised to go to project costs: _____

MECHANICS OF PROJECT: (please describe in detail how this plan will work. How carried out, by whom, etc.)

Does this project involve the sale of items bearing the Special Olympics Logo: YES NO

SIGNED: _____
(County or Area Director)

DATE: _____

APPROVAL

APPROVED: _____
C.E.O. (SOWV)

DATE: _____

DENIED: _____
C.E.O. (SOWV)

DATE: _____

Description: _____

Send Reports to:

Special Olympics West Virginia
3055 Mount Vernon Road
Hurricane, WV 25526
john@sowv.org