



Team Fundraisers

Must be turned in to Mark Meadows before your team will be allowed to proceed.

Age Group: _____ **Head Coach:** _____ **Phone:** _____

My team would like to participate in the following fundraiser(s):

1) Company Name: _____ Representative Name: _____

Product: _____ Phone: _____

2) Company Name: _____ Representative Name: _____

Product: _____ Phone: _____

3) Company Name: _____ Representative Name: _____

Product: _____ Phone: _____

My team would like to use the money earned for the following (please list):

Apparel: _____ Estimated Amount: _____

Equipment: _____ Estimated Amount: _____

Team Party: _____ Estimated Amount: _____

Other: _____ Estimated Amount: _____

I agree that my team will use the money earned only for products related to softball and the team. I also agree that each OMGS player on my team will be treated equally and without discrimination. I agree to provide the OMGS Treasurer, Mark Meadows, with all of the original paperwork and receipts. I agree to donate any unused money earned from my team to the general funds at OMGS.

Head Coach Signature: _____ **Date:** _____

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