Muhlenberg Athletic Boosters Club
Clinic / Fund Raising Proposal

Requesting Coach: ________________________________

Name of Clinic or Fund Raiser: ________________________________

Dates of Clinic: ________________________________

Time of Clinic: ________________________________

Facilities Needed: ________________________________

Ages of students involved: ________________________________

Fee charged: ________________________________

Approximate number of students and income to be gained: ________________________________

Fees to be incurred:

- T-Shirts: ________________________________
- Meals: ________________________________
- Instructor Fees: ________________________________
- Number of instructors: ____________ Approx. salary: ____________
- Trainer Fees: ________________________________

Reason for Clinic or Fund Raiser

- Booster Club Fund Raiser: ____________
- Pay for a volunteer Coach: ____________
- Number of Coaches and Approximate Salary: ____________
- Pay for National or local Coaching Clinic Fees: ____________
- Other: ____________