



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: _____