



Boyertown Soccer Club
P.O. Box 325
Gilbertsville, PA 19525
 610-906-3555
<http://www.boyertownsoccerclub.net>

Fundraiser Final Report

Check Number _____

Date Submitted _____

Submitted By:

Age Division _____ Girls Boys
 Team _____
 Coach _____
 Name _____
 Address _____
 City _____ St _____ Zip _____
 Phone _____

Date Fundraiser Held _____

Type of Fundraiser _____

Gross Income	
Expenses	
Net Income	
Multiply Net Income X 5% (.05)	

Amount Due BSC

Please make check payable to "Boyertown Soccer Club"
 and note the team name on the check.

Did your team feel this was a successful fundraiser? YES NO
 Would you recommend this fundraiser to other teams? YES NO

Accepted

President _____
 Vice President _____
 Treasurer _____
 Date Accepted _____

Accounts (Office Use)

Income _____
 Transfer _____

Team to receive a copy of the signed form.