



Bluff City Athletic Club, NFP

P.O Box 782
Alton, IL 62002

2,849 Hours Community Service
As of August 2010

www.bluffcityathletics.com

BCAC Fundraising Event Check List

Event:

Proposed By:

Description of Event:

Event Chairperson:

Other Help Required:

- ◇ **Who:**
- ◇ **What Activity**

- ◇ **Who:**
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- ◇ **Who:**
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Facilities Required:

Supplies Required:

Special Insurance/Permits Required:

Other Expenses:

Proposed Dates:

Payments to be made by Bluff City: When? How much? Check made out to?

How will the Proceeds be Used?

What fee credits will be issued? To Whom?

Approved by BCAC Committee?

- ◇ Signature of President _____ **Date:** _____
- ◇ Signature of Treasurer _____ **Date:** _____
- ◇ Signature of Event Chair _____ **Date:** _____