



The Runner's Store

Percentage Fundraising Program Application

Name of organization/group/school: _____

Number of members: _____

Number of participants per age:

5-10 _____ 11-15 _____ 16-21 _____ 22-26 _____ 27-32 _____ 33-38 _____

39-46 _____ 47-52 _____ 53-58 _____ 59-64 _____ 65+ _____

Location/time of group meetings: _____

How did you hear about the program: _____

Name of person in charge for group: Name _____ Cell number: (_____) _____

What are you raising funds for? (i.e. uniforms, equipment, etc.) _____

How often does your group have fundraising programs? _____

How much do you need to fundraise? \$ _____