



Bluff City Athletic Club, NFP
P.O Box 782
Alton, IL 62002

3169 Hours Community Service
As of January 2011

www.bluffcityathletics.com

BCAC Fundraising Event Check List

Event:

Proposed By:

Description of Event:

Event Chairperson:

Other Help Required:

- ◇ Who:
- ◇ What Activity
- ◇ Who:
- ◇ What Activity
- ◇ Who:
- ◇ What Activity



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?

_____ Date: _____
BCAB Fundraising Coordinator

_____ Date: _____
Event Chair