

TEAM FUNDRAISING APPLICATION OF FUNDS FORM

All checks must be made out to Parent OCD, INC.

Date: _____

Team Name: _____
Select Your Team

Fundraising Title: _____

Fundraising Team Captain: _____

Email: _____

Phone #: _____

Total Amount Raised: _____

Team Allocation to be used against **TEAM FEES ONLY** (Must tie to Amount Raised)

TEAM MEMBER	AMOUNT

Deposit Fund Sources: (Must tie to Total Amount Raised):

Cash: _____

Checks: _____

Office Approval: _____ Date: _____

Form and funds should be given to:

Anabella Hampton

Email: info@tbreconsulting.com

Cell Phone: 302-409-9048

Funds will be deposited into Parent OCD, Inc. Parent OCD, Inc will transfer funds to Oxford Center for Dance for each team member as allocated per above.