



**NORTH METRO SOCCER ASSOCIATION**  
**FUNDRAISING INSTRUCTIONS**

**INSTRUCTIONS:**

1. Apply for any permits that might be need for your team fundraiser. Allow ample time as most offices need 6 weeks to process.
2. Fill out the fundraiser application and send it along with a copy of the permit application to:

NMSA  
Attn: Treasurer  
PO Box 250  
Cedar, MN 55011-0250

3. After the fundraiser, complete the Fundraising Financial Report and sent it along with the money raised to the address listed in #2 above. These funds will be deposited directly into your team account and if payment for product is required, this too will come directly out of your team account.
4. If you require further instructions, please feel free to contact the Association President or the Treasurer. Contact information is listed on the North Metro Soccer Association web site at [www.northmetrosoccer.org](http://www.northmetrosoccer.org).



**NORTH METRO SOCCER ASSOCIATION**  
**FUNDRAISING APPLICATION**

**CONTACT INFORMATION:**

Team Name: \_\_\_\_\_ Age Level: BU: \_\_\_\_\_ GU: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FUNDRAISING INFORMATION:**

What type of fundraiser? \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company address: \_\_\_\_\_

Fundraiser Dates: \_\_\_\_\_ to \_\_\_\_\_

List of Permits Required: \_\_\_\_\_

If permits are required, remember to submit a copy of your permit application to NMSA.

**NORTH METRO SOCCER ASSOCIATION  
FUNDRAISING FINANCIAL REPORT**

**FINANCIAL INFORMATION:**

**Total Money Collected:** \$ \_\_\_\_\_

Expenses:

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses:** \$ \_\_\_\_\_

Total Collected: \$ \_\_\_\_\_

Total Expenses: - \$ \_\_\_\_\_

**Net Profit:** \$ \_\_\_\_\_

**CHECK REQUEST:**

Payable To: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If check should be sent somewhere other than listed above:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_