Special	Olympics	Wisconsin
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Fundraising Pre-Event Notification Form

To be completed by local programs and SOWI Development

Completed By: _____ Date Completed: _____

New Event: Yes / No Region #: _____

Date of	Event:
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Special Olympics

Wisconsin

Location of Event:

Special Event Dir/Local Program Manager:

Description of the Event Please include estimated Revenue and Expenses							
			Transaction Types				
			Cash	Checks	ACH		
Estimated Revenue	\$		Classy	Greater Giving	Credit Card		
Estimated Expenses	\$		Other:				
	Event Activities	(indicate all that apply)	1	1			
Raffle - Class A *	Registration	Auction - Live	Concessions				
Raffle - Class B *	Entry Fee	Auction - Silent	Souvenirs				
Other: Please explain			1				
Will the SOWI logo be used?	Yes / No						
	adison office or refer to Fund	d Raising section of the Local	Program Ma	anager Han	dbook for		
raffle requirements							
Co	ommunity Event Description	1 - Individuals/Organization I	nvolved				
Additonal Items			For Madison Office Use Only				
		Completed By & Date					
1. If using the SOWI logo, attach a sample of materials for approval		Approved:					
2. Cash, checks and all supporting documentation must be submitted to Madison office on the next business day			Received:				
 List of event Class A volunteers must be submitted to the Madison office 2 weeks prior to event date 			Received:				
 Completed Fundraising Pre-Event Notification form is due 90 days prior to event. Email to trossman@specialolympicswisconsin.org 			Received:				

Local Program #: _____