



Fundraising Event Approval Form 24/25

Siouxland Youth Hockey Association

Request Date:

Team:

Event Coordinator:

- Phone number:
- Email:

Fundraising Idea:

Projection of Funds to be Raised:

Expected Fundraising Date(s):

Fundraising Committee Decision:

Approved, Approved with Changes, Denied

Decisioned by:

Actual Fundraising Date:

Actual Funds Raised Amount:

Check #:

Please ensure check is payable to: Siouxland Youth Hockey Association or SYHA

Mail To: Siouxland Youth Hockey Association

P.O. Box 5401

Sioux City, IA 51102