



CRATER HIGH SCHOOL FUNDRAISING FORM



All fundraising activities must be approved - PRIOR - to requesting Purchase Orders or scheduling the fundraising activity.

Group Name: _____

Advisor/s: _____

Description and purpose of fundraising project: _____

Proposed dates for project: _____

If you wish to sell items or conduct a fundraising project at a Crater High School athletic event or activity - please complete the event line below

EVENT or EVENTS requested _____

Note – fundraising groups are required to provide their own supplies, equipment, and furniture (chairs, tables, etc.) for their fundraising activities. Fund raising groups are required to manage their own clean up. Advisor must be present.

Approved as outlined above

Approved with the following changes _____

Approved for the following dates/events only _____

Not Approved

Administrator Signature

Date

Advisor Signature