

APPLICATION FOR A FUND RAISING ACTIVITY

DATE: _____

Name of Student Group: _____

Sponsoring Teachers: _____

Educational Purpose to be supported by this effort:

Description of Project:

Duration of Project: (Dates) _____

Company Name: _____

Expected Revenue: _____

Anticipated Expenses: _____

Officer Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Approved: _____

Denied: _____

Note: A Master Calendar form must accompany this form & have an approved group sponsorship to raise money (ex: Student Council or NJHS)