

EAST GRANBY SCHOOL DISTRICT FUNDRAISING FORM

(Approval needed prior to advertising or public notice)

Date of application: _____ Building: _____

Advisor/Staff Name: _____

Email: _____ Phone #: _____

Group Name: _____

Organization to benefit from the fundraiser: _____

Athletic related? YES NO If YES, indicate sport: _____

Dates of fundraising activity: _____ to _____

Location of fundraising activity: _____

Facilities use application needed/submitted? YES NO

Description of fundraiser: Please specify the reason for fundraising and include the flyer or advertisement. Summarize items to be sold or note type of event.

Estimated amount of money to raise: _____

Deposition of funds:

Student Activity Account _____

Booster/Parent Group Account _____

Club _____

Other _____

Administrator Approval: _____ **Date:** _____

For Office Use: Uploaded to *MySchoolBucks* _____