



SENECA VALLEY

Booster Club Manual



APPENDIX D

2019-20 Fundraising Form

DATE: _____ ORGANIZATION: _____
 PRESIDENT: _____ SPONSOR: _____
 EMAIL ADDRES: _____
 ADDRESS FOR RETURN MAIL: _____

REQUESTED DATES: Starting Date: _____ Ending Date: _____
PURPOSE: Is this for your general account: Yes _____ No _____
 Is this for a specific item? Yes _____ No _____
 If "yes", amount needed: _____

(Note: Outside fundraisers will not be approved for more than 1 month; In house fundraisers approved for 2 weeks only.)

TYPE:
 Selling in S.H.S. _____ Selling in I.H.S. _____ Selling in M.S. _____ Building & Outside Sales _____ One-Day Sale _____
 Selling in E.C. _____ Selling in C.V.E. _____ Selling in Row. _____ Selling in Haine _____ Outside Sales Only _____

IF SALE OF ITEM: Item Name: _____ Price Per Unit: _____ Percent of Profit: _____ Supplier: _____
IF ACTIVITY: Type of Activity: _____ Date of Activity: _____ Location of Activity: _____

FOR SPONSOR:
 I understand our organization must adhere to the schedule as approved by the administration. I will do everything possible not to interfere with any other organization's scheduled time.

Signature _____

RETURN TO ATHLETIC/ACTIVITIES OFFICE at the Senior High School, 128 Seneca School Road, Harmony, PA 16037

* All food items sold on campus must meet district nutritional guidelines *
 NO products containing peanuts can be sold on campus as a fundraiser

Approved: _____ Rejected: _____ Date: _____ Signature: (Athl./Activity Director) _____

Approved: _____ Rejected: _____ Date: _____ Signature: (Bidg. Principal) _____

Comments: _____

DATE SUBMITTED: _____ TIME: _____ SECRETARY: _____

Note: Copy of approval will be kept on file in Athletic/Activities Office, appropriate Principal's Office, and sent to Sponsor.