

INTERSCHOLASTIC ATHLETICS FUNDRAISING PROPOSAL

Athletic Team _____ **Coach** _____

Date of Submission: _____

Proposed Fundraiser: _____

Purpose of the Fundraiser:

Proposed Dates of Fundraiser: _____

Will You Be Seeking Booster Club Assistance/Participation? Yes No

Explain

School Facilities That Will Be Needed:

Custodial Coverage: YES NO **Total Hours Requested:** _____

Office Use Only

Approved **Denied**

Director of Athletics **Date**

Principal Date