

SENECA VALLEY





APPENDIX D

2018-19 Fundraising Form

DATE:	ORGANIZATION:
PRESIDENT:	SPONSOR:
EMAIL ADDRES:	
ADDRESS FOR RETURN MAIL:	
REQUESTED DATES:	PURPOSE:
Starting Date:	ls this for your general account: Yes No
Ending Date:	Is this for a specific item? Yes No
	If "yes", amount needed:
(Note: Outside fundraisers will not be approved for r	nore 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:	IF ACTIVITY:
Item Name:	Type of Activity:
Price Per Unit:	Date of Activity:
Percent of Profit:	Location of Activity:
Supplier:	
FOR SPONSOR: I understand our organization must adhere to the so with any other organization's scheduled time.	hedule as approved by the administration. I will do everything possible not to interfer
	Signature
RETURN TO ATHLETIC/ACTIVITIES OFFIC	E at the Senior High School, 128 Seneca School Road, Harmony, PA 16037
	d on campus must meet district nutritional guidelines * aining peanuts can be sold on campus as a fundraiser**
Approved: Rejected: D	ate: Signature: (Athl./Activity Director)
Approved: Rejected: D	ate: Signature: (Bldg. Principal)
Comments:	
2	
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.