CENTRAL BUCKS HIGH SCHOOL SOUTH
FUND RAISING REQUEST FORM

Date:_____ Sponsor/Coach:_____

Student Activity Account Name:_____

Proposed Fund Raising Activity:_____

_____

_____

Dates: From _____ To _____

_____

Goal in Dollars:_____

Approximate Number of Students Involved:_____

_____

_____Date:_____
Sponsor/Coach Signature

❑ Calendar Request Needed

Approval: Yes _____ No _____ Comment: _____

_____

_____

_____

_____ Date:_____
Principal's Signature

NOTE: Approval must be granted **BEFORE** final arrangements are made with a vendor. Complete at least two weeks prior to the actual starting date.