

PETERS TOWNSHIP SCHOOL DISTRICT

**ORGANIZED SUPPORT GROUP PROJECTED ACTIVITIES
2016 – 2017 (July 1 – June 30)**

NAME OF ORGANIZATION _____

Officers:

President _____

| | | | |
|------|---------|-------|--------|
| Name | Address | Phone | E-Mail |
|------|---------|-------|--------|

Vice President _____

| | | | |
|------|---------|-------|--------|
| Name | Address | Phone | E-Mail |
|------|---------|-------|--------|

Secretary _____

| | | | |
|------|---------|-------|--------|
| Name | Address | Phone | E-Mail |
|------|---------|-------|--------|

Treasurer _____

| | | | |
|------|---------|-------|--------|
| Name | Address | Phone | E-Mail |
|------|---------|-------|--------|

Regularly Scheduled Meeting Dates:

(1st, 2nd, 3rd, 4th -- Day of the Month)

Proposed Activities

| Nature Of Activity | Date Of Activity |
|--------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Proposed Fundraisers | Date of Fundraiser | Students Involved? | |
|----------------------|--------------------|--------------------|----|
| | | Yes | No |
| _____ | _____ | Yes | No |
| _____ | _____ | Yes | No |
| _____ | _____ | Yes | No |
| _____ | _____ | Yes | No |
| _____ | _____ | Yes | No |
| _____ | _____ | Yes | No |

| | | | |
|-------------------------------|------|-----------------------------------|------|
| _____ Coach/Sponsor Review | Date | _____ Athletic Director Review | Date |
|-------------------------------|------|-----------------------------------|------|

Administrator Review

Date