

**PETERS TOWNSHIP SCHOOL DISTRICT
CHARITABLE ACTIVITIES /SERVICE PROJECT APPLICATION**

SCHOOL/BOOSTER ORGANIZATION _____

COACH/SPONSOR _____ SCHOOL YEAR _____

STUDENT OFFICER _____

PROJECTIVE REPRESENTATIVE(S) _____

NAME OF PROJECT _____

NAME OF CHARITY _____

PURPOSE OF PROJECT _____

LOCATION(S) OF PROJECT _____

DATE(S) OF PROJECT _____ DATE SUBMITTED _____

STUDENT OFFICER _____
Signature Date

COACH/SPONSOR _____
Signature Date

ATHLETIC DIRECTOR _____
Signature Date

PRINCIPAL _____
Signature Date

**Charity requests stay at the school from which they are generated and are approved by the principal.
No Board approval is necessary**