

PETERS TOWNSHIP SCHOOL DISTRICT
CHARITABLE PROJECT APPLICATION
(ALL PROCEEDS/ITEMS COLLECTED GO TO A CHARITABLE ORGANIZATION)

BOOSTER ORGANIZATION _____

COACH'S NAME _____ SCHOOL YEAR _____

BOOSTER PRESIDENT'S NAME _____ PHONE # _____

NAME OF PROJECT _____

PURPOSE OF PROJECT _____

LOCATION(S) OF PROJECT _____

DATE(S) OF PROJECT _____

DATE SUBMITTED _____ COACH'S _____
Signature

ATHLETIC DIRECTOR _____
Signature

DATE APPROVED _____

PRINCIPAL _____
Signature

DATE APPROVED _____

ARE STUDENTS INVOLVED? YES _____ NO _____

If yes, form must be returned to the Athletic Office 1st week of month prior to the school board meeting to obtain school board approval.