

PETERS TOWNSHIP HIGH SCHOOL
NON-BOOSTER GROUP
FUNDRAISING APPLICATION

ORGANIZATION: _____

SPONSOR: _____ SCHOOL YEAR: _____

PURPOSE OF FUNDRAISING PROJECT: _____

FUNDRAISING PROJECT: _____

LOCATION(S) OF FUNDRAISING PROJECT: _____

DATE(S) OF PROJECT: _____

SUPPLIER(S) IF USED: _____

ESTIMATED PROFITS: _____

DATE SUBMITTED: _____ SPONSOR _____
Signature

DATE APPROVED: _____ ATHLETIC DIRECTOR _____
Signature

DATE APPROVED: _____ PRINCIPAL _____
Signature

ARE STUDENTS INVOLVED? YES _____ NO _____

If yes - must be returned to athletic office 1st week of the month prior to the school board meeting in order to obtain school board approval.