

**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.