

Stevenson High School
Fundraising Application Form

Name of Group: _____

Sponsor/Coach: _____

Stevenson/Cell Phone Number: _____

General Description of Fundraiser: _____

Purpose of Fundraiser (what will the funds be used for): _____

Location of Fundraiser: _____

Fundraiser to begin on: _____ end on: _____

Estimated Income: _____ Estimated Expenditures: _____

Estimated Net Profit: _____

I have received, read, understand, and agree with the attached Fundraising Guidelines.

Signature

Approval Signature by Athletic Administrator: _____ Date: _____

OR

Approval Signature by Student Activities Director: _____ Date: _____

Approval Signature by Principal: _____ Date: _____

Fundraising Application Denied: _____

Reason for Denied Fundraiser: _____
