



SENECA VALLEY

Fundraising Approval Form



DATE: _____ ORGANIZATION: _____

PRESIDENT: _____ SPONSOR: _____

EMAIL ADDRESS: _____

ADDRESS FOR RETURN MAIL: _____

REQUESTED DATES:

Starting Date: _____

Ending Date: _____

PURPOSE:

Is this for your general account: Yes _____ No _____

Is this for a specific item? Yes _____ No _____

If "yes", amount needed: _____

(Note: Outside fundraisers will not be approved for more than 1 month; In house fundraisers approved for 2 weeks only.)

TYPE:

Selling in S.H.S. _____ Selling in I.H.S. _____ Selling in M.S. _____ Building & Outside Sales _____ One-Day Sale _____

Selling in E.C. _____ Selling in C.V.E. _____ Selling in Row. _____ Selling in Haine _____ Outside Sales Only _____

IF SALE OF ITEM:

Item Name: _____

Price Per Unit: _____

Percent of Profit: _____

Supplier: _____

IF ACTIVITY:

Type of Activity: _____

Date of Activity: _____

Location of Activity: _____

FOR SPONSOR:

I understand our organization must adhere to the schedule as approved by the administration. I will do everything possible not to interfere with any other organization's scheduled time.

Signature _____

RETURN TO ATHLETIC/ACTIVITIES OFFICE at the Senior High School, 128 Seneca School Road, Harmony, PA 16037

Please have the building principal sign form (when appropriate) before submitting to Athletic/Activities Office

* All food items sold on campus must meet district nutritional guidelines *
****NO products containing peanuts can be sold on campus as a fundraiser****

Approved: _____ Rejected: _____ Date: _____ Signature: (Athl./Act. Director) _____

Approved: _____ Rejected: _____ Date: _____ Signature: (Bldg. Principal) _____

Comments: _____

Note: Copy of approval will be kept on file in Athletic/Activities Office, appropriate Principal's Office, and sent to Sponsor.