



HUDSON COUNTY SCHOOLS OF TECHNOLOGY

FUNDRAISING ACTIVITY REQUEST

SCHOOL: _____ PROGRAM: _____ ARE YOU COLLECTING FUNDS?
 TEACHER IN-CHARGE: _____ YES NO
 CLUB/ORGANIZATION: _____
 CLASS OF (if applicable): _____
 DATE SUBMITTED: _____

DATE	FUNDRAISER	DESCRIPTION	COST	PROJECTED SALES	PROJECTED PROFITS
			ACTUAL COST	ACTUAL SALES	ACTUAL PROFITS

If any rooms are being reserved, please complete the proper facilities request form.
Any spiritwear fundraiser must be submitted with an image of the sample product for approval.
The school/district logo must be displayed on any and all spiritwear products being sold.

APPROVAL _____ DATE _____
 SUPERVISOR/ADVISOR

APPROVAL _____ DATE _____
 PRINCIPAL

APPROVAL _____ DATE _____
 FOOD SERVICE COORDINATOR (if applicable)

Any fundraiser involving food/drinks must be made by the Cafeteria and approved by the Food Services Coordinator and cannot be sold during the school day.

DATE FORWARDED TO SUPERINTENDENT _____

APPROVAL _____ DATE _____
 SUPERINTENDENT

BOARD APPROVAL DATE _____