



Centennial High School

Mairi Scott-Aguirre
Principal

Mark Porterfield
Assistant Principal

Zachary Ramberg
Assistant Principal

Laura Scully
Assistant Principal

Brent Child
Athletic Director

Request for Fundraising Activity

Name of Organization: _____

Today's Date: _____ Fundraiser Start Date: _____ Fundraiser End Date: _____

Description of Fundraiser and Product: _____

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

How much money is to be raised?: _____ How many students will be involved?: _____

Who will be the supervisor(s)?: _____

Who will keep records of receipts and payments of the funds?: _____

Which ASB account will the money be deposited into?: _____

If insufficient funds are raised, what will happen to the funds collected?: _____

Comments: _____

Notes:

- ❖ *This form needs to be turned in at least 2 weeks prior to the start of the fundraiser*
- ❖ *Crowdfunding needs prior approval from the Principal*
- ❖ *All foods and beverages sold must satisfy the USDA School Nutrition Standards (Please refer to board policy EFA and EFA-AR)*

Signatures:

Advisor/Coach/Other:

Name _____ Date _____

Student Rep of Activity/Club/Sport:

Name _____ Date _____

Activities/Athletic Director:

Name _____ Date _____

Assistant Principal:

Name _____ Date _____

Principal (Crowdfunding Only):

Name _____ Date _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Reason for Disapproval:	<input type="checkbox"/> Fundraiser conflicts with another group
			<input type="checkbox"/> Products do not meet nutrition standards
			<input type="checkbox"/> Other: _____