

WATERFORD VALLEY HIGH FUNDRAISING

Application Request

Name of Group: Waterford Valley High School

Date: _____

Group/Club/Team Name: _____

Name of Teacher Sponsor for Group: _____

Fundraiser Goals/s: _____

Fundraiser Timeline: _____

Beneficiary of Funds Raised: _____

Describe any additional details which are pertinent, (e.g.- does the fundraising involve selling tickets, require a lotto licence etc.). Please attach copies of all documents.

**All money collected must be submitted to the office as soon as possible
or within a maximum of 3 schools days**

School Council

Approved _____

Not Approved _____

Signature of School Council Chair

Signature of Principal or Designate

Date

Date

Secretary Use: Total of money submitted: _____ Receipt#: _____

Name of Person submitting: _____

Date: _____