

BERLIN AREA SCHOOL DISTRICT

FUNDRAISER APPLICATION

FACILITY: HIGH SCHOOL _____ MIDDLE SCHOOL _____ CLAY _____

NAME OF ORGANIZATION/CLUB: _____

DATES OF FUNDRAISER: START OF SALE _____

END OF SALE _____

TYPE (WHAT YOU ARE SELLING): _____

CONTACT: _____

FUNDRAISER LOCATION: HS _____ MS _____ CLAY _____ OTHER(INDICATE) _____

PURPOSE/DESCRIPTION OF FUND-RAISER:

ALL FUNDRAISERS MUST BE PRE-APPROVED. PLEASE CHECK **DISTRICT** CALENDAR PRIOR TO ADMINISTRATOR AUTHORIZATION TO REVIEW PREVIOUSLY SCHEDULED EVENTS.

ADMINISTRATOR SIGNATURE / DATE

**FUNDRAISER CONTACT: PLEASE RETAIN COPY FOR YOUR RECORDS.
ADMINISTRATOR SEND SIGNED FORM TO BUSINESS OFFICE FOR FINAL
APPROVAL BY SUPERINTENDENT.**