

PEEKSKILL CITY SCHOOL DISTRICT
Fund Raising/ Event Approval Request Form

High School:

Middle School:

Type of Event: _____ (e.g. fund raiser, informational, celebrations, awards, etc.)

1) Purpose of Activity: _____

Date: _____ Time: _____ Location: _____

2) If this is a fundraising event, nature of fund raising (e.g. merchandise sale, auction, etc.)

3) Person responsible for supervising the effort, i.e. making sure that students follow procedures for their and customer's protection.

Club/ Group Name: _____

Name of Advisor: _____

4) All Funds are to be secured until deposited intact into the respective school's General Organization bank account by the Treasurer.

5) The individual club/ group remains responsible to the vendors and customers even if in the event funds are lost or stolen.

Club/ Group Advisor's Signature _____

Student Council approval _____

Principal's approval _____

Business Official's approval _____