

Milford Public Schools
Milford, CT 06460
Approval for Student Fundraising

The _____ would like to hold a fundraiser
Name of sports team, club or activity, PTA, Booster Club

from: _____ to _____ at _____
Date / Time Date / Time Location

Items will be selling for \$ _____ or in the range of \$ _____ \$ _____
From To

Reason or purpose for fundraiser: **(be very specific)**:

Item(s) and/or service(s) to be sold or event(s) to be held **(be very specific)**
Note: for food related fundraisers, the Food Services Director must sign below:

Comments and list of staff members who will be in attendance and responsible for supervising the event:

Who will be in charge of funds collected: _____
Name / phone number /email address

Bank account where funds will be deposited: _____

Request submitted by: _____ Date _____
Coach/club advisor/PTA Officer (name and title)

Request approved by: _____ Date _____
Food Services Director, if food related

Request approved by: _____ Date _____
Athletic Director, if required

Request approved by: _____ Date _____
Principal/Designee

***Note:** a copy of this completed and approved form must be sent to the Chief Operations Officer