



# BECKMAN HIGH SCHOOL SUPER BOOSTERS FUNDRAISER APPROVAL FORM

Please submit at least **2 WEEKS IN ADVANCE** - \_\_\_\_\_  
*Date Submitted*

**\*\*PLEASE NOTE: Restaurant Fundraisers will only be Approved for MON – THURS NIGHTS**

Date(s) & Time(s) of Event: \_\_\_\_\_

Booster Club/Athletic Team/School Organization: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **\*INTERNAL USE ONLY\***

Approval Signature #1: \_\_\_\_\_  
*Penn Bushong, Assistant Principal* *Date*

*And*

Approval Signature #1: \_\_\_\_\_  
*Super Booster President* *Date*

**\*\*APPROVAL OF FUNDRAISERS IS DEPENDENT UPON THE  
SUPER BOOSTERS HAVING YOUR CLUB'S FINANCIAL RECORDS\*\***