## Conestoga Valley High School Fundraiser Request Form

**CVSD School Board Policy 913.416:** Requests for fundraising activities shall be directed in writing to the building principal for their approval. Fundraising activities shall conform to District guidelines. No instructional time during the school day shall be allowed for fundraising activities.

| Club/Organization/Group Name:                                 |                          |                               |                       |
|---|--------------------------|-------------------------------|-----------------------|
| Responsible Party/Contact Name:                               |                          |                               |                       |
| Contact Phone Number:   | <b>E</b>                 | Email Address                 |                       |
| Purpose of fundraiser:  |                          |                               |                       |
| Description of fundraiser:                                    |                          |                               |                       |
| Estimated profit: \$  |                          |                               |                       |
| How will funds be used:                                       |                          |                               |                       |
| Start Date/Time:  |                          | inish Date/Time:              |                       |
| Use of School Facilities Required:                            | Yes*                     | No                            |                       |
| *If yes, please complete the application for Athletic Office. | or Permit                | for Use of Building or Ground | ls form and submit to |
| Submittal Date:   | -                        |                               |                       |
| Received by Principal Date:                                   |                          |                               |                       |
| CVHS Principal Review: Appro                                  | oved                     | Denied                        |                       |
| CVHS Principal Signature:                                     |                          |                               |                       |
| Please submit this request 2 weeks prior                      | <mark>to fundra</mark> i | ser thank you!                |                       |