

NORTHUMBERLAND COUNTY AREA VOCATIONAL-TECHNICAL SCHOOL
PERMIT
FUND RAISING SALES PROJECTS

Directions: Original to remain in office, copy to be returned to sponsor.

Initial Data Report

CLUB NAME _____ NAME OF ADVISOR _____

Title of Project _____

Purpose for fund raising project _____

Approximate date project will begin _____

Anticipated termination date of project _____

Items to be sold _____

Supplier: (Name of Company) _____ (Phone #) _____

(Address) _____

Contact Person: _____

Approximate Unit Cost: \$ _____

Selling price per unit: \$ _____

Anticipated total profit \$ _____

Probable disposition of unsold items at conclusion of project _____

Date _____ Project Treasurer _____

Club Advisor _____

Your project is: _____ Approved _____ Disapproved*

Project disapproved for the following reason: _____

Date: _____ Principal _____