

TOWNSHIP OF OCEAN BOARD OF EDUCATION

School _____ Date of Application _____

APPLICATION FOR FUND RAISING

NAME (Print) _____
(Resident or Advisor/Coach)

Signature _____
(Resident or Advisor/Coach)

Name of Organization _____
(Club or Sports Team)

Type of Fund Raising Event _____

Facilities Required _____
(‘Use of Facility’ Form MUST be completed)

Purpose of Fund Raising _____
(Be as specific as possible: Senior Trip, Banquet, a Projector, etc.)

Will Students be involved in the Fund Raiser? If Yes, Please Explain _____

Date(s) of Fund Raising Event _____ Start Date _____ End Date _____

Vendor’s Name (If Applicable) _____

Price to be Charged (Per Item) _____

Cost of Fund Raising Item(s) _____

Estimated Profit (Per Item) _____

If applicable: Attach List of Prices, Items and Quantities.

PLEASE NOTE: FORM MUST BE SUBMITTED AT LEAST TWO (2) WEEKS PRIOR TO THE EVENT
(If there is no response within 5 school days the event is approved)

Administrative Use Only (Do Not Write Below this Line)

Approved ☐

Disapproved ☐

Name (Print) _____
(Principal)

Signature _____
(Principal)

Date _____

Name (Print) _____
(Activities Personnel)

Signature _____
(Activities Personnel)