Request for Activity/Fundraiser

Mifflinburg Area School District

Please Check One: ☐ Non-Food Related Activity/Fundraiser ☐ Food Related Activity/Fundraiser

Name of Club/Organization _____ Current Date _____

Type of Activity/Fundraiser Desired _____

Location of Activity/Fundraiser _____

_____

Desired Date of Activity/Fundraiser _____ Time of Event _____

Second Choice _____

Detailed Description of Activity/Fundraiser _____

_____

_____

_____

Purpose of Fundraiser – Use of Profits _____

_____

_____

_____

Selling Price _____ Expected Profit _____ EZ PAY? Please check one: ☐ YES ☐ NO

***Please make checks payable to _____ If account is not specified, make checks payable to MASD

*****Complete this section only if you checked Food Related Activity/Fundraiser above.*****

Number of event workers w/food handler certificates at event _____ Email food handler's certificate to: klong@mifflinburg.org

Club Action

President's Name (printed) _____ President's Signature _____

Advisor/Coach Name (printed) _____ Advisor/Coach Signature _____

President Email _____ Advisor/Coach Email _____

Advisor must be in attendance and be responsible for the group. Must be MASD Certified Staff or Coach.

Administrative Action

☐ Approved ☐ Denied

Administrator Signature _____ Date _____

Reason for denial (if applicable) _____

_____