

**POTTSVILLE AREA SCHOOL DISTRICT
REQUEST TO CONDUCT SALES CAMPAIGN**

Club or Organization _____

Advisor(s) _____

Description of Project:

Article(s) to be sold: _____

Selling price per item: _____ Profit per item: _____

Inclusive Dates during which project will be conducted:

From: _____ To: _____

Where campaign will be conducted (in school, door to door, etc.) _____

Advisor(s) Signature(s) _____

*Club/Organization Small Games of Chance License #: _____

(Required if conducting the following: Punchboards, Pull-Tabs, Raffles, Daily Drawings, Weekly Drawings, 50/50 Drawings, Race Night Games, Pools, & Auctions)

Date Submitted: _____

Principal's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____

Cc: Principal _____
Asst. Principal _____
Advisor _____
File _____