



BECKMAN HIGH SCHOOL SUPER BOOSTERS FUNDRAISER APPROVAL FORM

Please submit at least **2 WEEKS IN ADVANCE** - _____
Date Submitted

****PLEASE NOTE: Restaurant Fundraisers will only be Approved for MON – THURS NIGHTS**

Date(s) & Time(s) of Event: _____

Booster Club/Athletic Team/School Organization:

Description of Fundraiser:

Contact Person: _____

Cell Phone: _____ **Email:** _____

INTERNAL USE ONLY

Approval Signature #1: _____
Steve Fischel, Assistant Principal *Date*

And

Approval Signature #1: _____
Super Booster President *Date*

****APPROVAL OF FUNDRAISERS IS DEPENDENT UPON THE
SUPER BOOSTERS HAVING YOUR CLUB'S FINANCIAL RECORDS****