

# JUNIPERO SERRA HIGH SCHOOL

## Fundraising Request Application

All fundraising requests must be submitted for approval at least four months in advance of proposed activity. Please print.

Organization making request \_\_\_\_\_

Individual in charge of fundraising activity \_\_\_\_\_

Phone number of individual in charge \_\_\_\_\_

### **Funding Information**

Reason for funding need: \_\_\_\_\_  
\_\_\_\_\_

Amount needed or expected from fundraiser: \_\_\_\_\_

Method proposed for fundraising: \_\_\_\_\_  
\_\_\_\_\_

Date/Time of specific fundraising event \_\_\_\_\_ (Time) \_\_\_\_\_

Date fundraising starts (if different from above) \_\_\_\_\_

Methods to publicize or advertise this event (list) \_\_\_\_\_  
\_\_\_\_\_

Submitted by (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Routing:**

I. Administrator overseeing organization:

<input type="checkbox"/>	Vice Principal	_____	Date _____
<input type="checkbox"/>	Activities Director	_____	Date _____
<input type="checkbox"/>	Athletic Director	_____	Date _____
<input type="checkbox"/>	Campus Ministry Director	_____	Date _____

II. Development Director \_\_\_\_\_ Date \_\_\_\_\_

III. Development Committee \_\_\_\_\_ Date \_\_\_\_\_  
or waived by Principal \_\_\_\_\_ Date \_\_\_\_\_

IV. Principal \_\_\_\_\_ Date \_\_\_\_\_