

Pocono Mountain School District Fundraising Request Approval Form

Date of application: _____

Building: _____ Email: _____

Advisor (Sponsor) Name: _____ Phone #: _____

Group Name: _____

Organization to benefit from the fundraiser: _____

Athletic related: No Yes If yes indicate: East West

Dates of fundraising activities: _____ to _____

Location of fundraising activities: _____

Facilities use application submitted: Yes No

Description of fundraiser: Please specify the reason for fundraising and include the flyer. List items to be sold and/or event. No advertising or public notice can occur prior to the final approval of this request.

Estimated amount to be raised: _____

Deposition of funds: Student Activity Account Booster/Parent Group Account

Advisor/Sponsor Signature: _____ Date: _____

Athletic Director Approval: _____ Date: _____
(If sports related)

Building Principal Approval: _____ Date: _____

NOTE: Fundraising must comply with PMSD policies on Wellness (#246), Student Fundraising (#229) and Special Purpose Funds (#618).