

**MILLCREEK TOWNSHIP SCHOOL DISTRICT
FUNDRAISING APPLICATION**

ORGANIZATION: _____
(Club/Team/Group)

REPRESENTATIVE: _____ EMAIL _____
(Sponsor/Coach/Officer)

REQUEST DATE: _____

ITEMS BEING SOLD/ACTIVITY: _____

REASON FOR THE FUNDRAISER: _____

ESTIMATED PROFIT: _____

DEPOSIT ACCOUNT NAME: _____

STUDENTS INVOLVED? YES _____ NO _____

IF YES, NUMBER OF STUDENTS: _____

STARTING DATE: _____ COMPLETION DATE: _____

**Advisor/Organization
Representative**

Signature: _____ **Date:** _____

ADMINISTRATIVE

Approval

Signature: _____ **Date:** _____

Denied

Signature: _____ **Date:** _____

Comments/Reason:
