

QUEEN ANNE'S COUNTY HIGH SCHOOL ATHLETIC BOOSTERS
FUND RAISING APPROVAL FORM

This form is to be used to apply for all fund raisers.

Team _____ JV _____ Varsity _____

Coach _____ Phone _____

Lead Parent _____ Phone _____

Date(s) of Fund Raiser _____

Location of Fund Raiser _____

Description of Fund Raiser: (Please provide an order form or any additional information necessary to clarify your request.) _____

Projected amount of money to be raised _____

Purpose of the Fund Raiser - you must be specific.

If the Fund Raiser is a donation, please complete the following:

Donor _____ Amount _____

Does the donor wish to remain anonymous? _____

Approval: (signature and date):

Coach _____ Date _____

Athletic Director _____ Date _____

Principal _____ Date _____

Athletic Booster President _____ Date _____

Athletic Booster Treasurer _____ Date _____

Copy to: Administration, Athletics Department, Coach, Athletic Boosters