

**BELLEFONTE AREA HIGH SCHOOL
FUNDRAISER REQUEST**

DATE: _____

CLUB / PARENT GROUP: _____

COACH / ADVISOR: _____

CONTACT PERSON FOR THE FUNDRAISER:

NAME: _____

ADDRESS: _____

PHONE # (HOME) _____ **(WORK)** _____

Authorization to release phone numbers: yes _____ **no** _____

**WILL STUDENTS PARTICIPATE IN THIS FUNDRAISER? (PLEASE REFER TO YOUR STUDENT
ACTIVITY HANDBOOK.)**

YES _____

NO _____

ITEMS BEING SOLD: _____

REASON FOR THE FUNDRAISER: _____

STARTING DATE: _____

COMPLETION DATE: _____

DELIVERY DATE: _____

APPROVED: _____ **DENIED:** _____ **DATE:** _____

(Reason for denial)

**ONCE THE FUNDRAISER IS APPROVED PLEASE SUBMIT ANY CHANGES TO THE B.A.H.S.
MAIN OFFICE. THANK YOU**