

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
FUNDRAISING FORM**

This request should be completed three (3) weeks in advance of the fundraising activity. Your booster club will receive acknowledgement of approval or denial based on the calendar and availability of dates. Please note, your booster club must be registered with the District before your request will be reviewed.

**Name of the Organization/Booster Club:** \_\_\_\_\_

Describe below the activity that you will be conducting:

1. Explain the activity (fundraising event):
  
  
  
  
  
  
  
  
  
2. Purpose for fundraising activity:
  
  
  
  
  
  
  
  
  
3. Name of booster member responsible for the activity:
  
  
  
  
  
  
  
  
  
4. Is the head of the activity/sport aware that a request for a fundraising activity is being filed? (please specify—who, what, where, when)

\_\_\_\_\_  
**Print Name**                                  \_\_\_\_\_  
**Signature of Booster Club President**                                  \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**                                  \_\_\_\_\_  
**Signature of Activity/Event Supervisor**                                  \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**                                  \_\_\_\_\_  
**Signature of Director (Athletics/Fine Arts)**                                  \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**                                  \_\_\_\_\_  
**Signature of Building Principal/Designee**                                  \_\_\_\_\_  
**Date**

**APPROVAL:**

\_\_\_\_\_  
**Print Name**                                  \_\_\_\_\_  
**Signature of Superintendent/Designee**                                  \_\_\_\_\_  
**Date**