

Southern Berkshire Regional School District

Fund Raising Form

Contact Person: _____ Phone: _____

Organization/Club: _____

Club Advisor or Supervising Adult Signature: _____

Affiliated School(s): ___Mt. Everett ___Undermountain ___New Marlborough ___ Egremont ___Monterey

Date Fund Raising Begins: _____ End Date: _____

Fund Raising Project Description: _____

Purpose: _____

What are students asked to do? _____

Grade level of students? _____ Which student activity account is this for: _____

Targeted Amount of Fund Raising Activity: _____

From whom will you be seeking funds: (if from local businesses, please attach a list to this form)

___Local Businesses ___Elem. Parents ___Middle School Parents ___HS Parents ___Students

___General Community ___Other: describe _____

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Date form is received: _____ ___Approved ___Not Approved

Comments: _____

Building Principal Signature: _____

Superintendent Signature: _____