

FUNDRAISING APPLICATION

DATE OF APPLICATION: _____

REPRESENTATIVE(S): _____
(Include Teacher's Name
and building) _____

NAME OF GROUP: _____

DATES OF FUNDRAISER: _____

TIME OF FUNDRAISER: _____

ITEM(S) TO BE SOLD: _____

Notes:

RETURN TO: LOU SUDHOLZ, PHS WEST

APPROVED _____ NOT APPROVED _____

**Lou Sudholz,
Assistant Principal, Athletic Coordinator**

Note: You are responsible for contacting the custodial dept. for any set-up needed.