# LONG BRANCH PUBLIC SCHOOLS
# LONG BRANCH, NEW JERSEY

## Request to Conduct Fund-Raising Activity

**Date** _____

**Elementary School** _____ **Middle School** _____ **High School** _____

**Elementary School Name** _____

**Person in Charge of Activity** _____

**Home Phone #** _____ **Cell #** _____

**Work Extension** _____

**Club Name** _____

**Club Number** _____

**Date Submitted** _____

**Date(s) of Function** _____

**Name and address of company used (if applicable)** _____

**Type of Activity:**

| | | | |
|---|---|---|---|
| **Sale** | _____ | **Item** | _____ |
| **Raffle** | _____ | **Item** | _____ |
| **Dance** | _____ | **Admission Price** | _____ |
| **Card Party** | _____ | **Admission Price** | _____ |
| **Advertising** | _____ | **Rate** | _____ |
| **Play** | _____ | **Admission Price** | _____ |
| **Concert** | _____ | **Admission Price** | _____ |

**Other (please specify)** _____

**Signature – I understand that my responsibility is to ensure the safekeeping of funds and inventory to be used for the sale of goods. I further understand that all funds will be deposited in the bank or brought to the Board Office within 48 hours.**

Member in Charge: _____
(Signature)

Principal/Administrator _____

District Administrator _____

Assistant Superintendent _____

Superintendent _____

****PLEASE NOTE: There will be a ten (10) day processing time for all checks needed prior to the fundraising event.**