

**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.**