

Elizabethtown Area High/Middle School  
Request for Fundraising /Activity/Project/Event Form  
Received by/on: \_\_\_\_\_

**(note: form must submitted 1 MONTH prior to the start of the request)**

**Club** \_\_\_\_\_

Advisor Name (please print) \_\_\_\_\_

Club Officer Name (please print) \_\_\_\_\_

Name of Fundraising , Activity or Event \_\_\_\_\_

Plan Details (what is the exact plan, start/finish date, times, location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If the event is taking place on EASD property, please list any special set up that will be needed on the back side of this paper (ie. Tables, chairs, doors unlocked, etc.)*

Vendor Name (if applicable) \_\_\_\_\_

Items to be sold \_\_\_\_\_

Anticipated price to charge for items or participation \_\_\_\_\_

Plan for advertising: \_\_\_\_\_

Purpose for fundraiser, project or activity: \_\_\_\_\_

\_\_\_\_\_

Advisor Signature/Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Administrative Comments: