



## Springfield Township High School Fundraiser Request Form

Team/Club/Activity: \_\_\_\_\_

Advisor/Coach: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date(s) of fundraiser: \_\_\_\_\_

Location of fundraiser: \_\_\_\_\_

Type/Description of fundraiser:

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Approval Signatures:

Student Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor/Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Asst. Principal/AD: \_\_\_\_\_

Date: \_\_\_\_\_