



NEWBURY LOCAL SCHOOLS
Fund Raising Authorization
(submit in duplicate)

Name of organization: _____

Faculty sponsor/advisor: _____

Date of application: _____ Date of activity: _____

- Type of activity: (check one)
- Product Sale
 - Service
 - Dance
 - Spectator Event
 - Other

Describe activity: _____

Proceeds from this activity will be used for: _____

If product sale, vendor name and address: _____

Cost per item: _____ Sale price per item: _____

Quantity ordered: _____

Approved Rejected

Principal's Signature

Approved Rejected

Superintendent's Signature

Treasurer's Signature