

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 & Address) _____

Cost per item: _____ Sale price per item: _____
Quantity ordered: _____

Approved Rejected

Principal's Signature

Approved Rejected

Superintendent's Signature

Treasurer's Signature