**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.**

Fund Raising Activity Form 9/17/2021

FR/mg