

Southern Berkshire Regional School District
Fund Raising Form

Contact Person: _____ Phone: _____

Organization/Club: _____

Club Advisor or Supervising Adult Signature: _____

Affiliated School(s): Mt. Everett Undermountain New Marlborough Egremont Monterey

Date Fund Raising Begins: _____ End Date: _____

Fund Raising Project Description: _____

Purpose: _____

What are students asked to do? _____

Grade level of students? _____ Which student activity account is this for: _____

Targeted Amount of Fund Raising Activity: _____

From whom will you be seeking funds: (if from local businesses, please attach a list to this form)

Local Businesses Elem. Parents Middle School Parents HS Parents Students

General Community Other: describe _____

For Events Coordinator Only:

Date form is received: _____ Date presented to Events Committee: _____

Approved: Comments: _____

Not Approved: Comments: _____

Events Coordinator Signature: _____

Building Principal Signature: _____