

Southern Berkshire Regional School District

Fund Raising Form

Contact Person: _____ Phone: _____

Organization/Club: _____

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: _____

Who will you be seeking funds from:

Local Businesses Elem. 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: _____