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_________________________________________

Date form is received: _______________ ___Approved ___Not Approved

Comments: ______________________________________________________________________

Building Principal Signature: _____________________________________________________

Superintendent Signature: _________________________________________________________

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