

HADDONFIELD MEMORIAL HIGH SCHOOL  
Haddonfield, NJ 08033

FUND RAISING PROPOSAL

---

---

This form must be completed and approved by an administrative coordinator of the fund raising project, the Principal, Assistant Principal, or Athletic Director. No fund-raising should be started until coordinator authorization is obtained. Once approved, the timeline for each sport will be the preseason and season of the sport or activity unless otherwise approved by the coordinator.

1. Name of the Organization \_\_\_\_\_

2. Faculty/Booster Member \_\_\_\_\_

3. Address \_\_\_\_\_

4. Phone Number(s) \_\_\_\_\_

5. Officer(s)/Captain(s) \_\_\_\_\_

6. Dates of fund-raising activity: begin \_\_\_\_\_ end \_\_\_\_\_

7. Description (including cost of item to be sold, where it will be sold, and the student(s) involved, if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How much do you plan to raise? \_\_\_\_\_

9. How will the profits be used? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Faculty Advisor's or Booster Club Member's Signature

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

---

Administrative Coordinator's Signature