

**Cambria Heights School District**  
**426 Glendale Lake Road**  
**Patton, PA 16668**  
**Phone: (814) 674-6072**  
**Fax: (814) 674-6076**

### REQUEST TO SPONSOR A FUNDRAISING ACTIVITY

This form must be completed and submitted to the Main Office for approval by the Athletic Director and Building Principal before your group completes any plans for fundraising activities. (Not necessary to complete for dances). Any item being screened (T-shirts, etc.) must be approved by the Athletic Director and Superintendent.

Name of Group: \_\_\_\_\_

Description of Fundraising Activity: \_\_\_\_\_

Specific Reason for Project:

Rationale of how this request is consistent with the Cambria Heights School District's Nutrition Policy (if applicable): \_\_\_\_\_

Estimated Sales: \$ \_\_\_\_\_ Estimated Profit: \$ \_\_\_\_\_

Estimated Expense: \$ \_\_\_\_\_

Dates of Activity – Expected starting and completion dates: \_\_\_\_\_

**All fundraising activities require signatures of all officers.**

President	_____	_____	_____
	Name	Signature	Phone number
Vice-Pres	_____	_____	_____
	Name	Signature	Phone number
Treasurer	_____	_____	_____
	Name	Signature	Phone number
Secretary	_____	_____	_____
	Name	Signature	Phone number

Signature of Advisor: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Vendor: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

(Indicates Approval)

Date Approved: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**FUNDRAISING ACTIVITIES SHOULD NOT START UNTIL A COPY OF THIS FORM IS SIGNED BY THE PRINCIPAL & SUPERINTENDENT AND RETURNED TO THE ADVISOR OF THE GROUP.**