

# Stonington High School

176 South Broad Street/Pawcatuck, CT 06379  
860-599-5781-Phone/860-599-5784-Fax

Mark A. Friese  
Principal

Neal A. Curland  
Assistant Principal

*This form must be completed before you initiate your fundraiser.*

## Fundraising

Organization: \_\_\_\_\_

Advisors/Coaches: \_\_\_\_\_ President/Captains: \_\_\_\_\_

Names of Students involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Fundraiser: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Fundraiser: (Provide a brief explanation of the fundraiser.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

Anticipated Revenue: \_\_\_\_\_

Location where funds will be deposited:  SHS General Fund  
 Other (specify): \_\_\_\_\_

APPROVAL OF ATHLETIC DIRECTOR:  NO Reason: \_\_\_\_\_  
 YES  
 N/A

APPROVAL:  NO Reason: \_\_\_\_\_  
 YES

\_\_\_\_\_  
Assistant Principal

\_\_\_\_\_  
Date

N.B. - Club/Activity Advisors and Officers

Please submit this completed form to Mrs. Weber when scheduling a fundraiser.