

**DOVER HIGH SCHOOL, DOVER, OHIO  
BROOKE GRAFE, PRINCIPAL**

**REQUEST FOR FUND-RAISING PROJECT**

NAME OF ORGANIZATION \_\_\_\_\_

DESCRIPTION OF PROJECT \_\_\_\_\_  
\_\_\_\_\_

PURPOSE OF PROJECT \_\_\_\_\_  
\_\_\_\_\_

DATE(S) PROJECT OR ACTIVITY WILL BE HELD \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_   
Date Submitted

\_\_\_\_\_   
Signature of Advisor

If this is a fundraiser for sports, the money will be deposited to (check one):

- Athletic Department
- Mothers Club
- Tornado Club

Contact person in charge of this fundraiser (please print): \_\_\_\_\_

\_\_\_\_\_   
Date Received by Athletic Director

\_\_\_\_\_   
Tim McCrate

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FUNDRAISING CALENDAR CHECKED: \_\_\_\_\_ NO CONFLICTS

\_\_\_\_\_   
Date Received & Checked on Calendar

\_\_\_\_\_   
Dana Lentz

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ENDORSEMENT:

\_\_\_\_\_ APPROVED

\_\_\_\_\_ NOT APPROVED

REASON: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_   
Date Approved by Principal

\_\_\_\_\_   
Brooke Grafe