Fundraising Request Form

Dover High School, Dover, Ohio
Brooke Grafe, High School Principal

NAME OF ORGANIZATION: _____

DESCRIPTION OF PROJECT: _____

PURPOSE OF PROJECT: _____

Date(s) project or activity will be held: _____

_____ _____

Date Submitted | Signature of Advisor/Coach

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): _____

Email Address to send Approval/Denial (please print): _____

_____ _____

Date Received by Athletic Director | Adam Brately

Fundraising Calendar Checked: _____ No Conflicts _____ Conflicts

_____ _____

Date Received & Checked on Calendar | Andrea Edge

ENDORSEMENT:

_____ APPROVED _____ NOT APPROVED

REASON: _____

_____ _____

Date Approved by Principal | Brooke Grafe