



Newburyport High School Athletic Department

Request for Fundraising Activity

Coach Making Request: _____

Email: _____

Request Date: _____

Fundraiser Start Date: _____ End Date: _____

Description and Type of Fundraiser and how the funds will be used.

Person/Group Collecting Funds: _____ Title: _____

******The person/group is responsible for all of the finances associated with the fundraiser and must keep a detailed account of all fundraising activities.***

******All cash and checks must be recorded on district receipt forms. See the Athletic Director or assistant prior to collecting funds.***

NOTE:

All checks must be made out to NHS, Newburyport Public Schools, or specific NHS Team (i.e. NHS Football). Funds must be deposited into the appropriate school fundraising accounts that are kept with the high school Principal and Central Office.

Coach Signature: _____ Date: _____

AD Signature: _____ Date: _____