



Newburyport High School Athletic Department

Request for Fundraising Activity

Person/Group Making Request: _____

Request Date: _____

Time Line for fundraiser (start date and end date): _____

Description and Purpose of Fundraiser (be specific...what do you intend purchase with funds):

Person/Group Collecting Funds: _____

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

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.

Signature of Person Making Request: _____ Date: _____

A.D. Signature of Approval: _____ Date: _____