



Haverhill High School
FUND-RAISING FORM
Grades 9-12

Please Print:

Name: _____ Position: _____ Date: _____

Club or Organization: _____

I hereby request permission to conduct the following fund-raising activity:

For the purpose of:

Date(s): _____

If merchandise is being sold, please complete the following:

Vendor's Name: _____

Cost of Merchandise to Public: \$ _____

Cost of Merchandise to Club: \$ _____

Principal Signature: _____ Date: _____

Approved Declined

Business Manager Signature: _____ Date: _____

If fund-raising activity is approved, at the end of the activity, please submit the financial information requested below to the Central Office.

Receipts \$ _____
Expenditures \$ _____
Profit \$ _____

Signature: _____ Date: _____