

NORTHWEST AREA SCHOOL DISTRICT
243 THORNE HILL ROAD
SHICKSHINNY, PA 18655

REQUEST FOR FUNDRAISING PROJECT

DATE: _____

GROUP NAME: _____

NATURE OF PROJECT: _____

PURPOSE OF PROJECT: _____

EXISTING GROUP ACCOUNT BALANCE, IF ANY: _____

DATES OF PROJECT AND DURATION: _____

NAME OF ADVISOR: _____

PHONE NUMBER OF ADVISOR _____

SIGNATURE OF ADVISOR _____

APPROVED: _____ *

DISAPPROVED: _____

PRINCIPAL

DATE

* Requests for fundraisers that involve reselling of taxable items such as Avon products, flags, poinsettias, etc. must be accompanied by a letter from the vendor stating that the 6% sales tax is included in the price of the item and that the vendor will be responsible for paying the appropriate state sales tax to the state and not the school.

REQUEST FOR FUNDRAISING PROJECT

PART 2

(To be completed when shipping information is available)

GROUP NAME: _____

NAME OF ADVISOR: _____

PHONE NUMBER OF ADVISOR _____

FUNDRAISER DELIVERY DATE _____

SHIPPING CARRIER _____

DELIVERY/SHIPPING NUMBER _____

EXACT LOCATION OF DELIVERY _____

EXPECTED TIME OF DELIVERY _____

DISTRIBUTION:

- Building Principal
- Maintenance
- Fundraiser Coordinator
- Shipping/Receiving
- Cafeteria
- Library
- _____