



**TEAM FUNDRAISING REQUEST FORM**  
**TANTASQUA REGIONAL HIGH SCHOOL**  
Please attach to Fund Request Form and return to the Athletic Director

Athletic Team: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Fundraising Dates (Limit Two-Week Period): \_\_\_\_\_

Purpose of Funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Fundraising Efforts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fundraising Goal : \$ \_\_\_\_\_ Total Cost of Request: \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

All funds raised will be submitted directly to the Tantasqua Athletic Booster Club

\_\_\_\_\_  
Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*\*\*Please note that all school fundraising must be approved by both the Principal and Athletic Director \*\**

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Please do not write below this line

<p>Principal: the following action was taken:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not approved</p> <p><input type="checkbox"/> Modified: _____</p> <p>_____ Principal Signature _____ Date</p>	<p>Athletic Director: the following action was taken:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not approved</p> <p><input type="checkbox"/> Modified: _____</p> <p>_____ Athletic Director Signature _____ Date</p>
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