

**Pentucket Regional High School
Athletic Department
Athletic Fund Raising Authorization Form**

This form is to be completed and submitted to the PAA and Athletic Director prior to any fundraising activity taking place.

- Sports Booster Group: _____
- Coach: _____
- Other: _____
- Sport: _____

Team Liaison/Sport Representative (May not be a member of coaching staff)

Name: _____ Date: _____ Phone: _____

Address: _____ Town: _____ Zip: _____

I/We hereby request permission to conduct the following Fund Raising Activity (attach sheet if necessary)

For the following purpose: _____

Project Timeline Start date: _____ End date: _____

Projected Amount to be raised \$ _____

Location of Fund Raising Activity: At School Off Campus Both

Level of team to benefit: Varsity JV Fresh All levels

Materials/Items to be purchased (attach sheet if necessary)

Cost to public \$ _____

Cost to Team Members \$ _____

Vendor Information:

Contact Person: _____

Business Name: _____ Phone: _____

Address: _____ Town: _____ Zip: _____

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This activity is contingent upon the approvals of PAA & the Athletic Director.

NOTE:

NO SALES MAY BEGIN PRIOR TO RECEIVING APPROVAL

The PAA typically meets the first Wednesday of every month from Sept. - June

Approvals:

PAA

Approved Date Voted: _____
 Denied Reason: _____

Athletic Director

Approved Date Voted: _____
 Denied Reason: _____

If your fund raising activity is approved, please submit the financial information requested below to PAA mailbox in the Athletic Office at the end of your fund raising activity.

Sport: _____

Total Receipts: \$ _____

Total Expenditures \$ _____

Profit \$ _____

Team Liaison/Sport Representative

Name: (Please Print) _____

Signature _____ Date: _____