

BOOSTER CLUBS

**RIVERHEAD CENTRAL SCHOOL DISTRICT
700 OSBORNE AVENUE
RIVERHEAD, NY 11901
FUND RAISER APPLICATION**

Group or Organization sponsoring the fundraising activity: _____

Address of Organization: _____

Organization Contact Person: _____ Phone # _____

Name of School fundraiser is located in: _____

Name of Event Fundraiser is Connected with: _____ Location: _____

Date(s) of Fundraiser: _____ Beginning Time: _____ Ending Time: _____

Items selling during fundraiser: _____
(All items sold must be in accordance with the RCSD wellness policy)

Prices of items being sold & anticipated moneys to be raised: _____

Intended objective of fundraiser & how money will be used: _____

of students participating: _____ Student participation required to make team/club: yes _____
no _____ Is outside community/company involved: yes _____ no _____

Name of company: _____

Certification: No member of the coaching staff or district employee is involved in this fundraiser. This fundraiser is in compliance with District Policy 1222.

Dated: _____

Signature of Booster Representative

FOR OFFICE USE ONLY

Application approved: Yes _____ No _____

Reason for denial: _____

Building approval: _____ Dated: _____

Asst. Supt. for Finance (Supt. designate): _____ Dated: _____