

Fishers Island School Fundraiser/Activity Application



(Please submit to the Superintendent at least two weeks prior to proposed event)

Type of Fundraiser or Activity: _____

Reason for Fundraiser or Activity: _____

Grades/Groups Involved: _____

Date(s) of Fundraiser or Activity: _____

Place of Fundraiser or Activity (if applicable): _____

Time of Fundraiser or Activity (if applicable): _____

Are Chaperones needed for this fundraiser/activity? YES NO

If "yes", who are the chaperones for this fundraiser/activity?

Will there be food or beverages served at this fundraiser/activity? YES NO

If "yes", what specific food and/or beverage?:

Are there costs associated with funding this fundraiser/activity? YES NO

If "yes", how it be financed?:

Is there cleanup associated with this fundraiser/activity? YES NO

If "yes", who is responsible for cleanup?

Advisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Chaperone Signature(s): _____

Added to Calendar (Office)