

SENECA VALLEY





DATE:			ORGANIZATION:		
PRESIDENT:			SPONSOR:		
EMAIL ADDRESS:					
ADDRESS FOR RETUR	N MAIL:				
REQUESTED DATES:			PURPOSE:		
Starting Date:			Is this for your general account:	Yes	No
Ending Date:			Is this for a specific item?	Yes	No
			If "yes", amount needed:		
(Note: Outside fundrai	sers will not be approve	d for more than 1 m	onth; In house fundraisers approved	l for 2 weeks on	ly.)
TYPE:					
Selling in S.H.S.	_ Selling in I.H.S	Selling in M.S	Building & Outside Sales	One-I	Day Sale
Selling in E.C.	_ Selling in C.V.E	Selling in Row	Selling in Haine	Outside Sales	Only
IF SALE OF ITEM:			IF ACTIVITY:		
Item Name:			Type of Activity:		
Price Per Unit:			Date of Activity:		
Percent of Profit:_			Location of Activity:		
Supplier:					
	nization must adhere to ation's scheduled time.	the schedule as app	roved by the administration. I will do		
			Signature		
RETURN 1	TO ATHLETIC/ACTIVITIES	OFFICE at the Senio	or High School, 128 Seneca School I	Road, Harmony,	PA 16037
Please	e have the building princ	ipal sign form (wher	n appropriate) before submitting to A	thletic/Activities	<u>Office</u>
	* All food ite	ms sold on campus	must meet district nutritional guideli	nes *	
			s can be sold on campus as a fundra		
Approved:	Rejected:	Date:	_ Signature: (Athl./Act. Directo	r)	
Approved:	Rejected:	Date:	_ Signature: (Bldg. Principal) _		
Comments:					

Note: Copy of approval will be kept on file in Athletic/Activities Office and sent to Sponsor.