

Internal Fundraising Events Form

Fundraiser Check List

Received approval from Upper School Principal	
Obtained Faculty Representative to oversee event.	

- _____ Received approval of event date from Director of Advancement
- _____ Provided materials for Beacon announcement 2 weeks prior to event to Office Manager
- _____ Submitted "Fundraiser Money Request Form" to the Business Office (2 weeks in advance of event)
- _____ Received a money box for the event.
- _____ Handed in fundraising money from event to Business Office the next school day after event.
- _____ Handed in expenses for reimbursement to Business Office within 5 days of event.
- _____ Handed in "Fundraiser Participation Allocation Form" to Business Office within 5 days of event.

Please return to the Advancement Office. You will be notified by Mrs. Joanne Martin, Director of Advancement of acceptance.

NAME:		
GRADE/CLUB:		
EMAIL ADDRESS:	PHONE:	
DATE OF SUBMISSION:		
PURPOSE OF FUNDRAISER:		
DESCRIPTION OF FUNDRAISER:		
DATE OF EVENT:	TIME OF EVENT:	
WHAT ROOM ARE YOU REQUESTING TO FOR THE EVENT: <u> </u>		
WHO ARE YOU TARGETING FOR THE FUNDRAISER:		

WHEN WILL YOU MARKET THIS EVENT: (2-week increments):_



MARKETING MATERIALS (flyers, posters):

PLEASE ADVERTISE IN (check all that apply) (Only grade, group, or classroom fundraisers):

BEACON

□ SCHOOL CALENDAR

*All fundraising events and materials (flyers, posters, and mailers) must be approved by the Advancement Department prior to being produced and/or implemented.

Each fundraiser must have the support of a faculty or Staff Member as well as a parent sponsor. Please provide the Name of the Faculty or Staff person who will be sponsoring and guiding you through this event. Staff/Faculty Sponsor will need to ensure that the event has a DCA presence. The Staff/Faculty sponsor will be responsible for being present at the event. The sponsor is also responsible for unlocking, locking, and ensuring that students have cleaned up after the event.

PARENT SPONSOR:

NOTE: Students must have a Staff/Faculty sign and date prior to turning in materials to Advancement Office.

FACULTY/STAFF: please sign prior to any planning of event.

 \checkmark I understand it is my responsibility as the faculty liaison to work with the students on all areas of the proposed event from building security, reservation of dates and locations within school and to ensure that a faculty member is present for all activities of the proposed event.

STAFF/FACULTY NAME:

STAFF SIGNATURE: _____ DATE: _____

NOTES:

Office Use Only:
DoA:
Office:
Business:
Date approved:



 PHONE: 717.285.2000
 120 College Avenue

 FAX: 717.285.2033
 Mountville, PA 17554

Fundraiser Participant Allocation Form

Name of Fundraiser:	Date of event:
Leader/Contact Name:	
Participant Name:	Allocation per participant: Please circle \$ or % amount



Fundraiser Money Request Form

Date of Event:	
Event Name:	
Fundraising Account:	
Leader Contact Name:	
Class Grade:	
Startup Money requested:	Date needed:
\$5 dollars	
Rolls of Quarters	

Received Money Box: _____