

Owen J. Roberts High School
Student Activities Office
981 Ridge Road
Pottstown, PA 19465
610-469-5347

Student Activity Fundraising Form

Club/Activity Name: _____

Requested dates of Sale and/or Fundraiser: _____

Description of Sale and/or Fundraiser: _____

Purpose of Fundraiser: (how will funds be spent/utilized?) _____

Requested location of Sale and/or Fundraiser: _____

(Example: during school lunches, outside of school, football game, etc)

Estimated net profit: _____

Student Activity Club Advisor Signature

Date

Student Activity Club Officer Signature

Date

To Be Completed by Student Activities Office:

Approved: _____

Denied: _____

Notes: _____

Administrator Signature

Date