

**ROXBURY HIGH SCHOOL
BOOSTER CLUB FUNDRAISER APPLICATION**

DATE SUBMITTED _____

GROUP/CLUB
RESPONSIBLE _____

ACTIVITY/FUNDRAISER _____

ITEMS TO BE SOLD _____

THIS ACTIVITY WILL BEGIN ON _____ AND CONCLUDE ON _____

THIS ACTIVITY WILL TAKE PLACE: DURING SCHOOL DAY _____

AFTER SCHOOL HOURS _____ SATURDAY/SUNDAY _____

THIS ACTIVITY WILL TAKE PLACE IN:

CAFETERIA _____ CLASSROOM _____ AUDITORIUM _____

OTHER _____

PROCEEDS ARE TO BE USED FOR _____

HOW WILL ACTIVITY BE ADVERTISED _____

NAME OF VENDOR/COMPANY INVOLVED _____

BOOSTER CLUB PRESIDENT SIGNATURE _____

PRINT NAME AND CONTACT PHONE NUMBER/EMAIL OF CLUB PRESIDENT

DIRECTOR OF ATHLETICS/STUDENT ACTIVITIES SIGNATURE

PRINCIPAL
SIGNATURE _____

DATE _____ APPROVED _____ REJECTED _____