

Newton High School

Fundraiser Approval Request Form

973-383-7573

fax 973-383-1153

To: Karen Vealey	kvealey@newtonnj.org
From:	

Member Name:	Contact Phone #: Contact email:
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Starting Date of Fundraiser:	Ending Date of Fundraiser:
Starting Time of Fundraiser:	Ending Time of Fundraiser:

Please attach building use form if needed.

Type of Fundraiser: Purpose; Location; Specific details

Approved:	Yes	No
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Approval Signature:	Date:
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For office use only:

Fundraiser Calendar NHS Events Calendar NHS Public Calendar NPS Calendar