

**Hopewell Valley Central High School**  
**Pennington, New Jersey**  
**FUNDRAISING ACTIVITY APPLICATION**  
(Please complete and turn in to the VP office)

School: \_\_\_\_\_ Date: \_\_\_\_\_

Applying Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor/Sponsor (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Please describe the fundraising activity (include product or service to be sold, reason for the sale, and planned use of funds:

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Date(s) of sale/service:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Item(s) to be sold will be purchased from ("N/A" if not applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Person responsible for BILL payment: \_\_\_\_\_

Anticipated Expenses: \$ \_\_\_\_\_

Anticipated Gross Intake: \$ \_\_\_\_\_

Anticipated Net Profit: \$ \_\_\_\_\_

Administrative Approval Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

Comments: \_\_\_\_\_

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**(NOTE: Funds must be collected in CASH or CHECK. Do NOT use VENMO)**

Updated: 0823