



SOMERSET ACADEMY SOUTH HOMESTEAD

DR. WALKIRIA SOBERON
PRINCIPAL

MS. CARIDAD MORFA
ASSISTANT PRINCIPAL

MS. CRISTINA SOCAS
DEAN OF STUDENTS

APPLICATION FOR FUNDRAISING ACTIVITY

Application Date: _____

Activity Number: _____

On behalf of _____, I respectfully request authorization
Name of Organization

from the school administration to sell the following item(s) on school grounds:

ITEM: _____

PRICE: \$ _____

ITEM: _____

PRICE: \$ _____

ITEM: _____

PRICE: \$ _____

ITEM: _____

PRICE: \$ _____

The sale of such item(s) will take place:

_____ from _____ to _____
Specific Location Date & Time Date & Time

Fundraiser Closing Report Due: _____ (Must be closed EVERY month w/ Mrs. Green)

The purpose of this fundraiser is to raise profits for:

Tickets requested for this activity _____ # requested _____
YES NO

Requested by: _____ Date _____
Organization's Sponsor

Approved by:

Activities Director Date

Principal/Assistant Principal Date

