## Warren County Technical School Request Fundraising Form

*Group Name			
Advisor Name			
Name of Fundraisin	ng Company		
Anticipated Start D	ate	_Anticipated End Date	
Amount of Money	to be invested in the fun	ndraiser: \$	
Amount of profit ex	xpected: \$		
Fundraiser form	s should be given to S	Sharon Lentine.	
	Appro	oval	
Approved Denied			
Please note:			<b>-</b>

Like fundraising will not be approved to run simultaneously. If your fundraiser includes use of the building, a facilities user form must accompany this form.