



Bishop Brady High School

Fundraising Approval Form

Club Information:

Sport or Activity: _____

Today's Date: _____

Booster Club Contact Name: _____

Booster Club Contact Email: _____

Fundraiser Proposal Information:

What is the name of this fundraising activity or event?

Date of fundraiser: _____

Location of Fundraiser: _____

Who will be organizing the event? (Please circle)

- Club Officers
- Advancement Office
- Outside Company/Group
- Other

Are you seeking corporate or individual sponsors for this event? Yes No Not Sure

What is your target demographic? (e.g. current student, current parents, alumni, community, etc)

If selected outside group or other, please fill out this section:

Fundraising Contact Name: _____

Fundraising Contact Telephone: _____

Fundraising Contact Email: _____

Fundraising Contact Website: _____

Please provide a detailed description of the event:

How will you be accepting payment? (Please circle all that apply)

Cash | Check | Credit Card | In-Kind

Please attached all contracts, plans, and supporting documentation to this proposal form and submit to the Advancement Office at Bishop Brady High School

For office use only:

Approved? Yes No

Director of Development

Athletic Director/Club Advisor

Principal

Approval Date