



MARIANAS HIGH SCHOOL

Fund Raising Activity Form



Name of Organization: _____

Date(s) of Fundraiser: _____

Submission of Fundraising Proposal: *(Must be submitted 2 weeks prior to proposed event.)*

1. Organization Advisor Reviews Fundraising Event Proposal and signs.
2. Student Council Treasurer acknowledges the proposed activity date.
3. Proposal must be submitted to an MHS Administrator for approval. *(Attach a copy of the Meeting Minutes.)*
4. Administrator returns form to the Organization's Advisor.

Describe Activity(s):

(Please type the response on a separate sheet of paper & staple to this form)

Purpose(s) for which funds are to be used:

(Please type the response on a separate sheet of paper & staple to this form)

Requested by: _____ Date: _____
Advisor's Name & Signature

Acknowledged by: _____ Date: _____
StuCo Treasurer Name & Signature

Approved by: _____ Date: _____
MHS Administrator (Name & Signature)

Date money turned in: _____ Given By: _____

Amount: _____ Received by: _____

Receipt Number: _____