

Acton-Boxborough Regional Schools

FUNDRAISING CONSENT FORM

Please allow two weeks for a response

Name of Organization _____

Contact Person: _____ Phone: _____

Email: _____

Purpose of Fundraiser: _____

Target Amount _____

Manner in which money will be raised _____

Effect on other schools _____
(If applicable)

Date of submission to Principal _____

Principal's approval _____

Date of submission to Superintendent _____

Superintendent's approval _____

Acton-Boxborough Regional High School

FUNDRAISING CONSENT FORM

Please submit to Michael Csorba and allow two weeks for a response.

Name of Organization:

Contact Person:

Phone:

Purpose of Fundraiser:

Date of Fundraiser:

Location of Fundraiser:

Target Amount:

Description (manner in which money will be raised):

Effect on other schools (if applicable):

Date of submission to Administration: _____
ABRHS Administrative approval: _____

Date: _____
Superintendent's approval: _____