Brighton Central School Fund Raising Reque	est Form Approved	□ Declined □ Pending BOE
Department: Co-Curricular	□ Athletics	□ VPA
Club/Organization:		
Purpose: □ Fund Raising Event	□ Service Project	
Transportation: Not Required Other (explain) Requested Date:	□ District Request (complete request form)	☐ Student (complete permission forms)
(Start date)		(End Date)
Location of Requested Event:		
ו	□ Complete Facilities Use Form (See BCS	D.org) as needed.
Description of requested activity. (Attack	n documents as needed)	
Please include information on planned a Anticipated number of students involved		
Number of adult chaperones required:		
Description of supervision plan (Attach a	document as needed):	
Eaculty/Staff Advisor:		
Faculty/Staff Advisor:(print)	-	(signature)
Student Leader:		
(print)		(signature)
Chief Faculty Advisor/Director of Athletic	cs/Director of VPA:	
		(signature)
Submission Date:	Received Date:	

FUND RAISING ACTIVITY: EXPENSES WORKSHEET

Section 1:	Projected Income . Fill in all that apply to your planned activity.			
	Ticket Cost: Item Cost: Donation Am	ount:		
Section 2:	Projected Ex and amount.	penses. Please itemize your planned	expenses by category	
Cat	egory	Specific Item	Planned Cost	
Material Goo				
Speaker, etc)	apher, Guest			
Food Items				
Rental Fees				
Transportatio	on/Travel			
Prizes/Gifts				
Sales Tax 4% Clothin 8% All other	-			
Other				
Section 3:	Project Profi	ts (after expenses):		
Advis	sor	Club P	Club President	
Advisor		Club T	Club Treasurer	