

Brighton Central School Fund Raising Request Form Approved Declined Pending BOE

Department: Co-Curricular Athletics VPA

Club/Organization: TCMS WL Trips 2023

Purpose: Fund Raising Event Service Project

Transportation: Not Required District Request (complete request form) Student (complete permission forms)

Other (explain): _____
Requested Date: 11-10-22 _____
(Start date) (End Date)

Location of Requested Event: TCMS Gyms & atrium
 Complete Facilities Use Form (See BCSD.org) as needed.

Description of requested activity. (Attach documents as needed) Student dance-a-thon with music, DJ, audience, and concessions.

Please include information on planned advertising (Attach documents as needed)
poster in building, parent square updates, (district, building & teacher) AM announcements.

Anticipated number of students involved: 50

Number of adult chaperones required: 2-3 (NOTE: Adult: Student Event Ratios)
1:5 Active "curb-side" advertising/selling 1:10 Active Events (ex. car wash) 1:20 Passive Events (ex. tabletop sales/booths)

Description of supervision plan (Attach a document as needed): Supervise fans as they supervise athletic events.

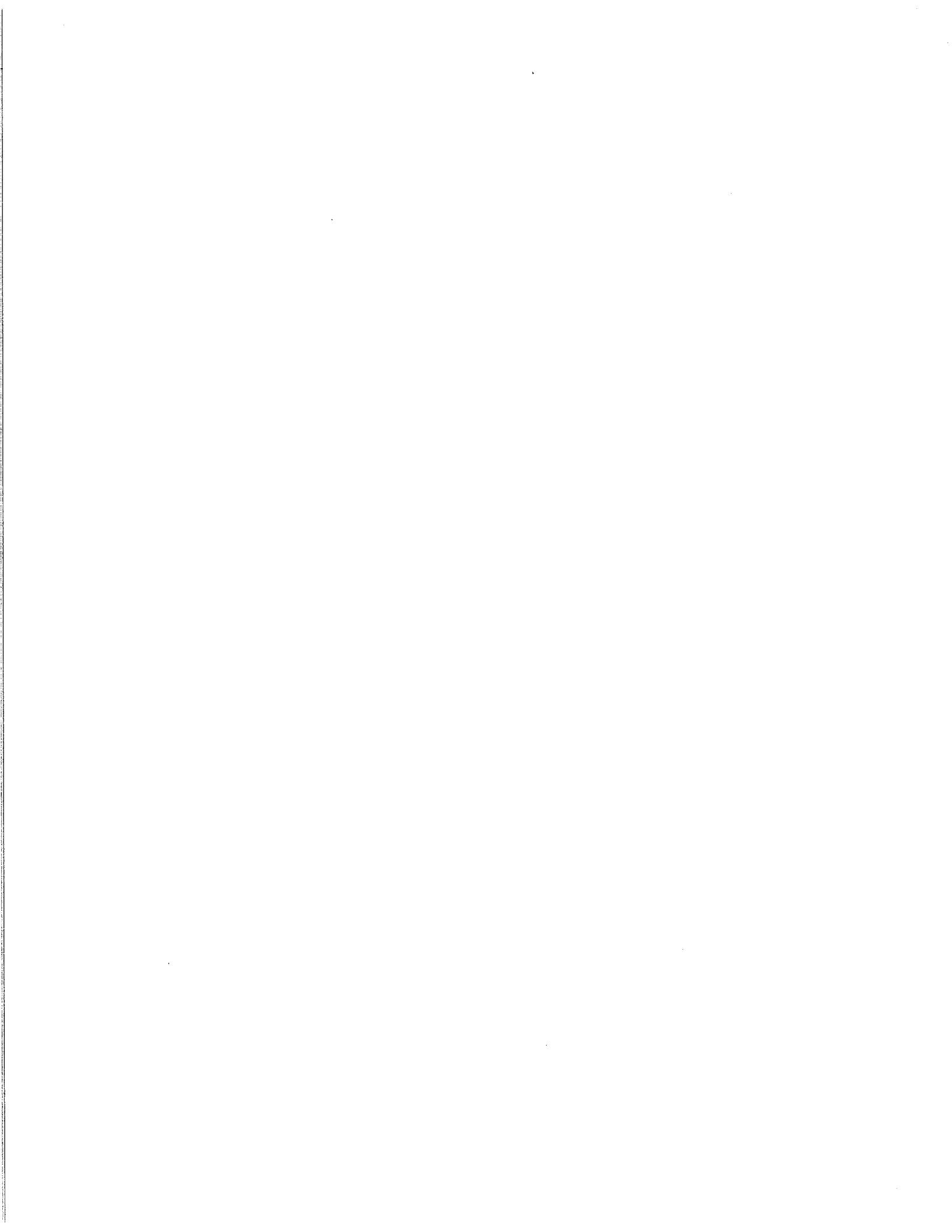
Faculty/Staff Advisor: Loren Mashewska _____
(print) (signature)

Student Leader: Daniela Nobles _____
(print) (signature)

Chief Faculty Advisor/Director of Athletics/Director of VPA: _____
(signature)

Submission Date: _____ Received Date: _____

* Proceeds are for individual student WL traveler to reduce cost of 8th grade trip



FUND RAISING ACTIVITY: EXPENSES WORKSHEET

Section 1: Projected Income . Fill in all that apply to your planned activity.

Ticket Cost: _____ free entry
 Item Cost: _____
 Donation Amount: students have pledges for hours to dance.
 individual

Section 2: Projected Expenses. Please itemize your planned expenses by category and amount.

Category	Specific Item	Planned Cost
Material Goods (decorations, t-shirts, etc)	none	—
Service Providers (DJ) Photographer, Guest Speaker, etc)	DJ- free volunteer	\$0 ⁰⁰
Food Items	fundraising items TBD- candy to be sold.	—
Rental Fees	TCMS Gym - free.	—
Transportation/Travel	None.	—
Prizes/Gifts		—
Sales Tax 4% Clothing 8% All other	none.	—
Other		

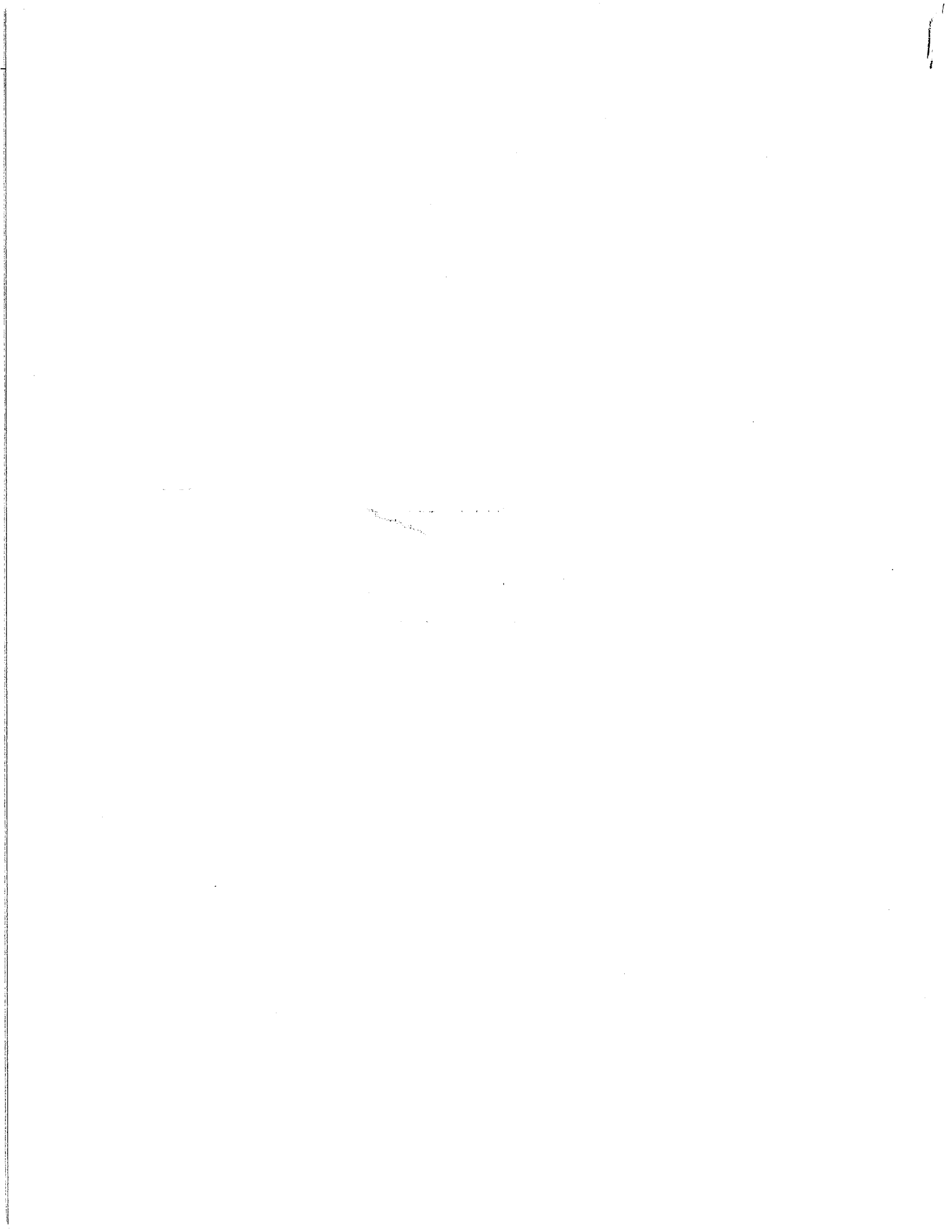
Section 3: Project Profits (after expenses): TBD

Loren Mashekwska
 Advisor

Advisor

Danreela Nobles
 Club President

Danreela Nobles
 Club Treasurer



Brighton Central School Fund Raising Request Form Approved Declined Pending BOE

Department: Co-Curricular Athletics

RECEIVED

Club/Organization: Brighton Field Hockey

JUN 19 2022

Purpose: Fund Raising Event Service Project

SUPERINTENDENT'S OFFICE
BRIGHTON CSD

Transportation: Not Required District Request
(complete request form)

Student
(complete permission forms)

Other (explain)

Requested Date: 9/3/2022
(Start date)

9/3/2022
(End Date)

Location of Requested Event: Brighton High School Parking Lot
 Complete Facilities Use Form (See BCSD.org) as needed.

Description of requested activity. (Attach documents as needed) Car Wash fundraiser

Please include information on planned advertising (Attach documents as needed) social media posts sharing date and time

Anticipated number of students involved: 30

Number of adult chaperones required: 3-6 (NOTE: Adult: Student Event Ratios)
1:5 Active "curb-side" advertising/selling 1:10 Active Events (ex. car wash) 1:20 Passive Events (ex. tabletop sales/booths)

Description of supervision plan (Attach a document as needed): Booster club will have parent volunteers available to chaperone/supervise athletes

Faculty/Staff Advisor: Jessica Wasserman
(print)

Jessica Wasserman
(signature)

Student Leader: _____
(print)

(signature)

Chief Faculty Advisor/Director of Athletics/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 Amount: _____

Section 2: Projected Expenses. Please itemize your planned expenses by category and amount.

Category	Specific Item	Planned Cost
Material Goods (decorations, t-shirts, etc)		
Service Providers (DJ, Photographer, Guest Speaker, etc)		
Food Items		
Rental Fees		
Transportation/Travel		
Prizes/Gifts		
Sales Tax 4% Clothing 8% All other		
Other		

Section 3: Project Profits (after expenses): _____

 Advisor

 Club President

 Advisor

 Club Treasurer

Brighton Central School Fund Raising Request Form **Approved** **Declined** **Pending BOE**

Department: Co-Curricular Athletics VPA

Club/Organization: PTSA _____

Purpose: Fund Raising Event Service Project

Transportation: Not Required District Request Student
(complete request form) (complete permission forms)

Other (explain)

Requested Date: 8/24/2022 3/31/2023
(Start date) (End Date)

Location of Requested Event: School Lobbies and PTSA Fall events _____

Complete Facilities Use Form (See BCSD.org) as needed.

Description of requested activity. (Attach documents as needed) PTSA in conjunction with the Brighton Food Pantry want to hold three drives this year for Snacks to fill the snack pantry at each school. They have requested to request donations for a 3 month period. Drives will be August, December and March.

Please include information on planned advertising (Attach documents as needed) _____

Anticipated number of students involved: NA _____

Number of adult chaperones required: NA (NOTE: Adult: Student Event Ratios)
1:5 Active "curb-side" advertising/selling 1:10 Active Events (ex. car wash) 1:20 Passive Events (ex. tabletop sales/booths)

Description of supervision plan (Attach a document as needed): PTSA will have boxes at Meet the Teacher nights for FRES and CRPS in August, and then boxes in main offices for Dec and March.

Faculty/Staff Advisor: _____
(print) (signature)

Student Leader: _____
(print) (signature)

Chief Faculty Advisor/Director of Athletics/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 Amount: _____

Section 2: Projected Expenses. Please itemize your planned expenses by category and amount.

Category	Specific Item	Planned Cost
Material Goods (decorations, t-shirts, etc)	Microwavable mac and cheese, Granola bars, The chocolate GF brownies, Ramen, Water Bottles, Toiletry items (Shampoo/conditioner, toothpaste and brushes)	
Service Providers (DJ, Photographer, Guest Speaker, etc)		
Food Items		
Rental Fees		
Transportation/Travel		
Prizes/Gifts		
Sales Tax 4% Clothing 8% All other		
Other		

Section 3: Project Profits (after expenses): _____

 Advisor

 Club President

 Advisor

 Club Treasurer

Brighton Central School Fund Raising Request Form Approved Declined Pending BOE

Department: Co-Curricular Athletics VPA

Club/Organization: TCMS World Language Trip

Purpose: Fund Raising Event Service Project

Transportation: Not Required District Request (complete request form) Student (complete permission forms)

Requested Date: 11/17/22 (Start date) _____ (End Date)

Location of Requested Event: TCMS main Gym and Atrium
 Complete Facilities Use Form (See BCSD.org) as needed.

Description of requested activity. (Attach documents as needed) Staff kickball game and concessions

Please include information on planned advertising (Attach documents as needed)
- posters in building - morning Show Announcements
- parent square updates (district, building, teacher)

Anticipated number of students involved: — (only as attendees/fans)

Number of adult chaperones required: 2 (NOTE: Adult: Student Event Ratios)
1:5 Active "curb-side" advertising/selling 1:10 Active Events (ex. car wash) 1:20 Passive Events (ex. tabletop sales/booths)

Description of supervision plan (Attach a document as needed): Chaperones will supervise fans as they supervise athletic events.

Faculty/Staff Advisor: Loren Mashewski
(print)

[Signature]
(signature)

Student Leader: Daniela Nobles
(print)

(signature)

Chief Faculty Advisor/Director of Athletics/Director of VPA: [Signature]
(signature)

Submission Date: _____ Received Date: _____

* proceeds will be distributed evenly to all students attending a WL trip

