



Plymouth North High School Unified Booster Club
Fundraising Request Form

Date of Request: _____ Team Name: _____

Contact Person: _____ Phone Number: _____

Event:

Event Information (Please provide brief summary of fundraiser):

Event Date/s:

Will there be any expenses associated with the event? If yes please list.

Will any business/es be solicited? If yes please explain and list business/es.

How will funds raised from this event be used.

___ Approved

___ Not Approved

District Fundraising Form filled out and submitted on _____ by _____

Forms may be emailed to info@plymouthnorthathletics.org or put in the Booster Club mailbox.