



Fundraiser Approval Request

Please complete the information below and submit it to the **U-High office (ATTN: Booster Fundraising)**. A Booster representative will get back to you within 7 days. If needed, additional information may be included as an attachment.

Group/Team Name _____

Group/Team Representative _____

Contact Phone/Email _____

Fundraiser Idea (Please describe) _____

Proposed fundraiser date(s) _____

How will funds be distributed? _____

How will this be publicized? _____

Who will be participating in this event? (i.e. U-High Students, open to the community, etc.) _____

To be completed by U-High Booster Fundraising

Approved

Not Approved Reason: _____

Date: _____