

HENRY HUDSON REGIONAL SCHOOL
HIGHLANDS NEW JERSEY

STUDENT ACTIVITIES FUND REPORT

THIS REPORT IS TO BE FILLED OUT FOR EACH FUNDRAISING REQUEST

Please fill out and submit to the Athletic Director at least TWO WEEKS prior to the requested date.

ADVISORS: _____

CLASS/CLUB: _____

STUDENT REPRESENTATIVE _____

TYPE OF FUNDRAISER _____
(Short Description of Fundraiser)

SUPPLIER FOR FUNDRAISER _____

ADDRESS/PHONE# _____

NUMBER PARTICIPATING IN FUNDRAISER _____

FACILITIES REQUESTED _____

START DATE OF FUNDRAISER _____

END DATE OF FUNDRAISER _____

TOTAL COST TO CLUB: _____

DEPOSITS:

EXPENDITURES:

TOTAL DEPOSITS _____ TOTAL EXPENSES _____

TOTAL PROFIT _____

CHAPERONES

1. _____
2. _____
3. _____
4. _____
5. _____

APPROVAL:
ED RIEMAN _____

DATE: _____