## PITTSFORD CENTRAL SCHOOLS Fund Raising Application

Organization/Group Name:	
Contact Person:	Phone Number:
Address:	
Email:	
Purpose of Fund Raiser:	
Amount to be Raised: \$	
Date(s) of Fund Raiser:	
Method of Raising Funds:	
What product or service is being sold?	
Anticipated consumer market?	
about activity and location.	nool events, ticket sales, etc.? Please be specific
Principal/Athletic Director	Approved:
Principal/Athletic Director:	Approved: Denied:
Superintendent: Approved: Denied:	