

**PINE HILL PUBLIC SCHOOLS
FUND RAISER APPROVAL REQUESTED**

This form should be submitted to the Superintendent in sufficient time to be included in the Board's packet for Board of Education approval – the month prior to the event.

- Dr. Bean John Glenn Pine Hill Middle Overbrook HS

Group Name _____

Group Advisor _____

Amount Expected to be Raised \$ _____

Purpose of Fund Raiser _____

Description of Event _____

Advisor's Signature _____ **Date** _____

Principal's Signature _____ **Date** _____

Approved by Board (date) _____

Superintendent's Signature _____