

Holy Trinity Catholic Schools

FUND RAISING PROJECT PROPOSAL

Today's Date:			
Name of Group:			
Adult Advisor(s):			
Type of Project:	Brief Description:		
	New Fundraiser?	YES	/ NO
	Annual Fundraiser?	YES	/ NO
Date(s) of Projects:	Start-Up Date:		
	Expected Termination Date:		
Expected Income (Approximate):			
Income to be used for:			
Will special Insurance be necessary?	YES / NO / ?		
Will special permits and/or licenses be required?	YES / NO / ?		
	If YES, who is responsible for obtaining them?		
Other Pertinent Information:			

Approved by the Principal:

Date

Principal

Approved by the Holy Trinity Catholic School Board:

Date

President, Holy Trinity Catholic School Board

Return this form for board approval at least 45 days prior to your fund raiser