



CAMBRIDGE HIGH SCHOOL FUNDRAISING APPLICATION FORM

Name of group wanting to fundraise : _____

Date : _____

Contact Person : _____ Telephone Number : _____

Personal Street Address : _____

Alternative Contact Telephone Numbers : _____

Reason for Application : _____

Cost Summary : _____

Dates when wishing to fundraise : _____

For what purpose : _____

How many students will benefit : _____

How much do you intend to raise or be sponsored for? : _____

What is the fundraising activity you are undertaking? : _____

What businesses are you targeting : _____

Have you done this before Yes No

If Yes, when : _____

and how much did you raise : _____

Please tick the required dollar value below and forward to the relevant Manager

Deliver to :

- | | |
|--|------------------|
| <input type="checkbox"/> \$10.00 to \$1,000.00 | Business Manager |
| <input type="checkbox"/> \$1,000.00 to \$10,000.00 | Business Manager |
| <input type="checkbox"/> Over \$10,000.00 | Board Secretary |

Office Use

Application considered on (Date) Accepted

_____ Declined

If decline, reasons are : _____
