



ARCHBISHOP JOHN
CARROLL
HIGH SCHOOL

ATHLETIC / ACTIVITY FUNDRAISING REQUEST FORM

Name of Event / Activity _____

Date(s) / Duration of Event _____

Cost _____

Moderator / Coach / Sponsor _____

Purpose of Fundraiser _____

(please be very specific and use the back if necessary)

Date submitted: _____

(Please submit two weeks prior to the event date)

APPROVAL

Frank Fox _____

Anchen Schulz _____

Allison Papantoniou _____

Tom Quintois (if Athletic) _____

Date approved: _____

All money collected must be given to the ACHS Accountant by OSA, Athletic Director, or a Department Chairperson.