

Stonington High School

176 South Broad Street/Pawcatuck, CT 06379
860-599-5781-Phone/860-599-5784-Fax

Mark A. Friese
Principal

Alicia Dawe
Associate Principal

Margo Crowley
Ass't Principal of Guidance

This form must be completed before you initiate your fundraiser.
Fundraising

Organization: _____

Advisors/Coaches: _____ President/Captains: _____

Names of Students involved: _____

Date: _____ Time: _____ Location: _____

Nature of Fundraiser: ~~(Provide a brief explanation of the fundraiser.)~~ _____

Purpose of Fundraiser: _____

Please indicate how this fundraiser supports SHS' Core Values and 21st Century Skills (4C's): _____

Anticipated Revenue: _____

Location where funds will be deposited: ☐ SHS General Fund
☐ Other (specify): _____

APPROVAL OF ATHLETIC DIRECTOR: ☐ NO Reason: _____
☐ YES
☐ N/A

APPROVAL: ☐ NO Reason: _____
☐ YES

Associate Principal

Date

N.B. - Club/Activity Advisors and Officers: Please submit this completed form to the Principal's Secretary when scheduling a fundraiser. **Core Values** – Personal Responsibility, Respect for others, Tolerance for others, Technological literacy, Partnership among students/staff. **4C's** – Convince, Communicate, Consider, Connect