

Grady High School
Fundraising Project Request



Date: _____

Fundraising Project Request Name: _____

Grady Teacher/Coach Requesting: _____

Email address: _____ Cell Ph: _____

Name of Organization/Sport/Class/ Club: _____

Description of Fundraising Project: _____

Dates/Times of Project: _____

Anticipated Revenue: _____

Funds Designation - SABO account name and number: _____

- Booster Club: _____

If funds will be deposited in Booster Club account; provide name and contact information of Booster Club Treasurer.

Booster Club Treasurer Name: _____

Email address: _____ Cell Ph: _____

Signatures (DO NOT BEGIN FUNDRAISING UNTIL ALL SIGNATURES ARE SECURE):

Grady Sponsor/Coach: _____ Date: _____

Grady Principal: _____ Date: _____

Associate Superintendent: _____ Date: _____

