



SCHOOL-ALLIED ORGANIZATION  
FUND-RAISING ACTIVITY APPLICATION  
**CORAL REEF HIGH SCHOOL**  
BOOSTER CLUB EVENT REQUEST

Application Date:

Name of Booster Club

Description of Event

Event Date:

Time - From:

To:

Location address

Name of Staff member supervising event

**THIS SECTION MUST BE FILLED OUT IF MORE THAN 15 STUDENTS WILL BE ATTENDING EVENT**

Name of staff supervising event

Name of parents supervising event

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may attach additional names if needed.

Expected number of participants

Is money being collected through booster for this event yes\_\_\_\_ no\_\_\_\_

Dates money will be collected

If money is not being collected, how will the event be funded?

Description of event

\_\_\_\_\_

\_\_\_\_\_