# Fundraiser/Community Service Approval Form

Teacher/Advisor: ROACH Hewitt

Date of Request: 2/5/14

Lab/Class: School - All Labs

Please check: Fundraiser ____ Community Service Project ✓

Event Description:
ERIE County Special Olympics Basketball

Date(s) of Activity: 4/12/14

Goal of Activity Involvement in a Community Project

Faculty Advisors:
ROACH Hewitt

Educational Rationale:
Students Need to become involved in their Community By Sharing themselves with others

Number of students participating: Depends upon number of Students who Volunteer

Requirement of Students:
Students will act as a "Coach", A "Buddy", A "Referee", or work in the cafeteria

Cost to ECTS: -0- (Attach an itemized description if necessary.)

Principal's Signature: _____ Date: _____

Applicant's Signature: R Hewitt Date: 2/5/14

Board Approval/Director Approval Date: _____

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| ISO Form No.: 3200.01.01 | Created: February 26, 2009 |
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