Fundraiser/Community Service Approval Form

Teacher/Advisor: MR Roach Hewitt

Date of Request: 10/30/15

Lab/Class: Volunteers From all of ECTS

Please check: Fundraiser _____ Community Service Project ✓

Event Description:
SPECIAL OLYMPICS BOWLING

Date(s) of Activity: SATURDAY 12/5/15

Goal of Activity Community service

Faculty Advisors:
ROACH Hewitt

Educational Rationale:
INVOLVEMENT IN YOUR COMMUNITY

Number of students participating: APPROX 10-25

Requirement of Students:
ACT AS A "Buddy" to A SPECIAL OLYMPIAN BOWLER

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

Principal's Signature: Joseph Tarasovitch Date: 10/30/15

Applicant's Signature: Roach Hewitt Date: 10/30/15

Board Approval/Director Approval Date: _____

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