Fundraiser/Community Service Approval Form

Teacher/Advisor: Roach Hewitt

Date of Request: 11-16-2016

Lab/Class: School wide

Please check: Fundraiser _____ Community Service Project X

Event Description:
Special Olympics Bowling

Date(s) of Activity: 12-3-2016

Goal of Activity Giving Back to your Community

Faculty Advisors:
Roach Hewitt

Educational Rationale:
Students are to become aware of those with special needs

Number of students participating: Open

Requirement of Students:
Act as a Buddy and to Encourage Special Olympians!!

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

Principal's Signature: Joseph Tarasovitch Date: 11/16/16

Applicant's Signature: Roach Hewitt Date: 11/16/2016

Board Approval/Director Approval Date: _____

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