Fundraiser/Community Service Approval Form

Teacher/Advisor: MR ROACH Hewitt

Date of Request: 3/15/17

Lab/Class: _____

Please check: Fundraiser _____ Community Service Project ✓

Event Description:
SPECIAL OLYMPICS BASKETBALL TOURNAMENT

Date(s) of Activity: APRIL 8, 2017

Goal of Activity _____

Faculty Advisors:
ROACH Hewitt

Educational Rationale:
WORKING WITH SPECIAL needs clients

Number of students participating: 8 – 15

Requirement of Students:
WORKING AT TOURNAMENT / KEEPING SCORE / WORKING FOOD AREA

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

Principal's Signature: Joseph Tarasovitch Date: 3/15/17

Applicant's Signature: Noah Hewitt Date: 3/15/17

Board Approval/Director Approval Date: _____

****