Fundraiser/Community Service Approval Form

Teacher/Advisor: ROACH HEWITT

Date of Request: 9/19/2017

Lab/Class: CMP / ALL LABS AT ECTS ✓

Please check: Fundraiser _____ Community Service Project ____

Event Description:
SPECIAL OLYMPICS BOWLING

Date(s) of Activity: DEC 9, 2017

Goal of Activity HELPING SPECIAL OLYMPIANS WITH BOWLING TECHNIQUES

Faculty Advisors:
SHERRY STATES

Educational Rationale:
GIVING BACK TO YOUR COMMUNITY

Number of students participating: OPEN / UP TO 35

Requirement of Students:
NOTHING

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

Principal's Signature: Joseph Tarasovitch Date: 9/19/17

Applicant's Signature: Roach Hewitt Date: 9/19/2017

Board Approval/Director Approval Date: _____

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