

**Readington Township Board of Education  
Fundraiser Proposal**

Name of Applicant(s): \_\_\_\_\_

Date of Application \_\_\_\_\_

Title of Fundraiser \_\_\_\_\_

Date of Fundraiser \_\_\_\_\_

Recipient of Funds \_\_\_\_\_

Briefly describe the fundraiser activity (number of students, activity, location, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to your building principal.

**Principals: Please email this form to The Superintendent's Office at least one week prior to a scheduled Board of Education meeting.**