

BOARD OF EDUCATION
HIGH POINT REGIONAL HIGH SCHOOL

COLLECTION OF FUNDS
Approval Form

GROUP NAME: _____

ADVISOR/COACH: _____

Briefly describe the purpose of the requested collection of funds: _____

Date the collection will begin: _____

Date the collection will end: _____

Please note the following:

- Funds can not be used for membership in an organization
- Fund raising activities can not interfere with the operation of instructional programs
- Funds are to be submitted to the account custodian within 48 hours (Candace Horner)
- All funds will be deposited only in a High Point Board of Education account

I have read and understand the terms listed above: _____
Signature of Coach/Advisor

Principal's Authorization: _____

Date of Submission: _____