

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 (Wendy/Greer)
- 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: \_\_\_\_\_