

# Application for Charitable Drive at TJHSST

Name of CLUB or CLASS sponsoring drive: \_\_\_\_\_

Teacher/Sponsor name: \_\_\_\_\_

Teacher/Sponsor signature: \_\_\_\_\_

Items to be collected: \_\_\_\_\_

\_\_\_\_\_

Note: Charity drives for the purpose of raising money shall *not* be permitted in FCPS, except as provided by FCPS policy 1375 and the region assistant superintendent.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Method of collection: \_\_\_\_\_

Names of students managing collection and distribution:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Who is responsible for the delivery to charity? \_\_\_\_\_

When will the donations be dropped off at the charity? \_\_\_\_\_

## Charitable organization:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

DATE organization was contacted: \_\_\_\_\_

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FOR OFFICE USE ONLY: DATE SUBMITTED: _____
APPROVED BY: _____ DATE APPROVED: _____