

Strathalbyn Christian College



Application for Fundraising

Name of person/group applying for permission _____

Date of application: _____

Brief outline of purpose of fundraising:

Brief outline who will benefit from this fundraising:

Outline of what how the fundraising will occur:

Proposed date of the fundraising:

PLEASE RETURN THIS FORM TO JENNY VISSER WHEN COMPLETED

Please note that this application is to be completed and approved before any fundraising can be initiated by students, staff or community members.

OFFICE USE ONLY	YES	NO
Does this clash with other events		
Does this fit our ethos		
Does this benefit our College		
Are there other fundraising happening already		
Principal supports this project		
HOP / HOS supports this project		

Please note that there are many requests to use our College as a place for fundraising and permission will only be granted if it is felt we are not overburdening our College families.