

2023 RCS CARNIVAL BALL FUNDRAISING APPROVAL FORM

Date Submitted: _____

Carnival Ball Participants:

Date of Fundraising:

Start Date: _____ End Date: _____

Place of Event: _____

Time of Day (if applicable): _____

Fundraising Event description:

Parent's Name and Phone Number: _____

Approved: _____

* THIS FORM ONLY APPLIES TO FUNDRAISERS THAT WILL BE
SOLD/OCCUR ON EITHER CAMPUS.