Lewisburg Area High School

545 Newman Rd
Lewisburg PA 17837

Booster Club Fundraiser Report

Name of Organization: _____

Advisor(s): _____

Fundraiser: _____

Date(s): _____

Students Directing Activity: _____

Adult Supervision: _____

Projected Expenses:		Projected Expenses:	
Item	Amount	Item	Amount

Purpose of this Fundraiser: _____

Submitted By: _____ Date: _____

An email address if you don't have a district email. _____

Please submit completed form to Sharon Dittmar or Tracy Strosser.

Approvals: Advisor: _____ Date: _____

Principal: _____ Date: _____

This page is to be completed after the Fundraiser has concluded.

Booster Club Fundraiser Report- Final

Name of Class or Organization: _____

Fundraiser: _____

Actual Expenses:		Actual Expenses:	
Item	Amount	Item	Amount
_____		_____	
_____		_____	
_____		_____	

Profit: $_____ Loss: $_____

Submitted By: _____ Date:_____

Please submit completed form to Sharon Dittmar or Tracy Strosser.

Approvals: Advisor:_____ Date: _____

Principal:_____ Date: _____