



# ACADEMY OF AMERICAN STUDIES

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**William C. Bassell**, Principal  
**Mark Solkoff**, Asst. Principal  
**Nina Cohen**, Asst. Principal

## REQUEST TO SCHEDULE A FUNDRAISER

SCHOOL YEAR: 201\_\_ - 201\_\_

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

Faculty Advisor: \_\_\_\_\_

Fundraiser Start Date: \_\_\_\_\_

Fundraiser End Date: \_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reminder:

As an advisor, it is your responsibility to supervise the fundraising operations of your activity.

All deposits must be made by the advisor of the club through the COSA. A copy of the deposit will be returned to the advisor for their records.

You must submit this form in conjunction with Authorization to Collect Funds to the Student Activities Office.

\_\_\_\_\_  
I willingly assume responsibility for the above named student organization and this fundraising activity.

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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COSA Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

RETURN FORM TO STUDENT ACTIVITIES OFFICE