



LBHS Band Fundraiser Information & Tracking Form

Event Information

Fundraiser Title: _____

Event Location: _____

Date: _____ Time: _____

Booster Contacted: _____ Phone: _____

On-site Booster Contact: _____ Phone: _____

Additional Boosters Participating:

Name: _____ In charge of: _____

Name: _____ In charge of: _____

Name: _____ In charge of: _____

Name: _____ In charge of: _____

Name: _____ In charge of: _____

Host Information

Fundraiser Host: _____ Phone: _____

Host Contact Name(s): _____ Email: _____

Contact host to confirm event details? Yes, _____ By: _____ No

Fundraiser Proceeds & Allocation Information

Total Sold/Proceeds of event: \$ _____ Add'tl. Donation, if any : \$ _____

Host would like proceeds to go to: General Operating Fund Other _____ No Preference

Additional Directions for Proceeds, if any: _____

Signature of Host Representative: **X** _____

Signature of L.B.B.B. Representative: **X** _____

Fundraiser Title: _____ Date: _____

Student Participation Information

Name: _____	Name: _____
Name: _____	Name: _____
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Student Participation Credit Information

Community Service Hours/Student: _____ Funds Earned/Student: _____